THE

MEDICAL EXAMINER,

AND

RECORD OF MEDICAL SCIENCE.

NEW SERIES.—No. XXXIV.—OCTOBER, 1847.

ORIGINAL COMMUNICATIONS.

A Case of Retention of a Dead Ovum in Utero for six months, without Putrefaction. By George L. Upshur, M. D.

Mrs. ——, æt. 38, the mother of six children, menstruated the first week in November, 1846. She supposes herself to have conceived immediately afterwards. About the middle of the following January, while walking in the street, she felt suddenly, without pain or other premonition, a fluid discharge from the vagina, which, upon hastening home, she discovered was blood. Fourteen days after this, the breasts became flaccid, and the morning sickness, which had been gradually lessening, entirely ceased.

On the 30th of July, about 10 o'clock at night, she was seized with pains like those of labour, which steadily increased in force and frequency until early next morning, when there was expelled a dead fœtus, three inches long, with the membranes and placenta attached by a cord six inches in length. During the whole time, from the first hemorrhage to the expulsion of the ovum, a period of six and a half months, there was more or less sanguineous discharge from the vagina. This discharge was as free from unpleasant odour as the catamenial fluid usually is, except during three days in the month of April, when it was slightly putrid in its character. She consulted no physician about the matter, as the flow was unaccompanied by pain, and never

so profuse as to affect her health seriously, or to prevent her from attending to the ordinary duties of the household.

The correctness of this statement may be implicitly relied on. The lady in question is sensible and intelligent, and noted for the particularity with which she marks the various events connected with her pregnancies. After the morning sickness ceased, and the breasts became flaccid, she believed she had aborted and so she expressed herself to her friends, pointing to those symptoms as evidences of the fact.

I had an opportunity of carefully examining the ovum two hours after its expulsion. There was not the slightest sign of putridity about it, the odour resembling very closely that of fresh beef. The placenta was hypertrophied, three and a half inches in diameter and an inch and a half thick, lobulated, very firm under pressure, and nearly exsanguine.

The cord was not uniform in size, nor invested by the membranes, of which a small proportion only were attached to the placenta. The vessels of the cord seem to have coalesced into one, and were impervious. The fœtus was of a variegated mahogany colour, preternaturally firm to the touch, with features just distinguishable. The fingers and toes were scarcely sufficiently developed to be counted, and there was no ossific deposit in any portion of the body. I have the entire ovum as it was expelled, preserved in alcohol.

It is a universally admitted law in obstetrics, that as soon as the ovum dies, it is thrown off from the uterus as a foreign body; or, if it remain any length of time in that organ, it begins to decompose, and is eliminated in a putrid discharge from the vagina. And it seems, indeed, difficult to imagine, how a dead body can be long exposed to the combined action of heat, air, and moisture, without undergoing the putrefactive process.

In the September number of the *Medico Chir. Rev.* for 1823, p. 308, there is an article entitled "Cas Rares," extracted from the *Dict. des Sci. Med.*, by M. Fournier, in which three cases are given of retention of the fœtus for a very long time after its death. The first is cited from Albosius, where the fœtus was retained *twenty-eight* years, and was petrified. In the second, it was retained in utero *thirty-one* years. The woman died of peripneumonia, and, upon examination of the body, the fœtus was found enveloped in chorion and amnion, which were ossified, as well as the placenta. There was no sign of putrefaction about it, nor did it exhale any unpleasant smell. It was about the size of a nine months' child. In the third case, a fœtus was found in the uterus of a woman who had been pregnant *twenty-three* years. It had neither umbilical cord, placenta, nor membranes, and was almost entirely petrified.

These cases seem to be well authenticated, being recommended as both curious and useful, by Dr. Johnson, the then editor of the *Med. Chir. Rev.* I leave these anomalies to be accounted for by older and more experienced heads than mine.

Norfolk, Va., September 7th, 1847.

On the Inhalation of Ether in Labour. By Jonathan Clark, M. D., of Lower Merion, near Philadelphia.

To the Editor of the Medical Examiner.

Dear Sir,—I send you an account of some obstetric cases, in which the inhalation of Ether was used with not unpleasant results.

Case 1.—July 19th, at 10 o'clock, P. M., I saw Mrs. ——, aged 18, in labour with her first child. An examination shewed the head to be presenting, with the vertex to the left sacro-iliac junction, membranes entire, and the os uteri dilated to the extent of two inches.

She had been in labour since 5 o'clock; the pains had not been very severe, but were increasing in force and frequency, occuring at intervals of three minutes, the os uteri being moderately rigid, and external parts quite so.

The progress of labour was scarcely perceptible, and there appeared to be an unusual want of fortitude and power of control over her feelings, on the part of my patient. As there appeared to be nothing to contraindicate it, I resolved to use the ether. In two minutes from the commencement of the inhalation, she pushed away the sponge and exclaimed, I am losing my senses. On being assured that it would relieve her pain and do her no injury, she renewed the inhalation, and was fully under its influence in five minutes. From the time I first saw her, her pulse had been 80, but upon the application of the ether it fell to 75, and continued at that rate during the labour.

She appeared to be almost unconscious of pain, judging from her actions, but the expulsive efforts of the uterus were not quite so frequent as at first, but more efficient. She said but little except to ask for more, when the ether had evaporated from the sponge. On one occasion she exclaimed, "more, more, I am suffering dreadfully." This was during a pain. She would hold the sponge wet with the ether, to her mouth and nostrils, and inhale with eagerness, till her power of supporting it was lost, when her hand would fall, and with it the sponge, in this way guarding effectually against an over-dose. After remaining quiet a few minutes, she would upon the recurrence of the pain, apply the sponge and inhale again as eagerly as before.

In one hour and forty minutes from the first use of the ether, she gave birth to a male child, quite vigorous and noisy. I then took away the sponge before making an effort to remove the placenta, which came away in a few minutes, the uterus contracting promptly. For ten minutes she continued to insist upon having more of the ether, and not till she had recovered her senses fully, did she seem willing to give it up. It was fully ten minutes after the birth of the child, when she inquired whether it was born, having no recollection of any thing that had occured since inhaling the vapour.

Convalescence was rapid, without any unpleasant symptom, both mother and child doing well.

Case 2d. July 31st, I was called to see Mrs. O., of Blockley, aged 28 years, in labour with her third child. At 11, P. M., when I saw her, she had been in pain for several hours. The pains were not frequent nor of much force. On examination, I found the head presenting, with the vertex to the left acetabulum, the os uteri dilated to the extent of about three inches, and the membranes entire. I then left her for two hours; and when I returned, the pains had increased in force and frequency; the membranes had been ruptured, though the labour had made little progress.

Although the case was not such as I should have preferred for the use of the ether, I decided on using it. Her general health had been very poor, her digestion much impaired, and a variety of nervous symptoms also rendered her quite miserable.

After inhaling the vapour for a few seconds, the usual cough troubled her somewhat. This however soon subsided, and in seven minutes she dropped the sponge, being entirely under its influence. The pains were increasing in force, and partly roused her from her lethargy, when she would reapply the sponge and again obtain relief. At a quarter of 3, A. M., she gave birth to a very large male child without any consciousness of suffering. The placenta came away almost immediately, no flooding followed, nor any other unpleasant symptom, except a sense of uneasiness in the head, and lightness on raising it. The mother and child have done and are doing well.

Case 3. August 3d, at 4 o'clock, P. M., I saw Mrs. D. of Blockley, aged 28, in labour with her fifth child. She had been in labour two hours when I saw her. The pains were quite severe, and the labour had made considerable progress. The os uteri was well dilated, the membranes had ruptured, and the head was presenting with the vertex to the left acetabulum.

As she was suffering very much from the violence of the pains, I thought proper to relieve her by using the ether.

She made no objection to its use, and in three minutes from the time of commencing the inhalation, was fully under its influence. Her pulse was 88, when she commenced inhaling, and it fell to 70. It afterward rose to 78.

She seemed to be conscious of her relief from pain, which was evinced by the eagerness with which she seized the sponge, and inhaled again, when the effects of a former inhalation had partially passed away.

In forty-five minutes after first inhaling the ether, she was delivered of a female child of average size, and quite vigorous. The placenta came away in a few minutes; but not till the effects of the ether had passed off. She complained somewhat when it came away, being conscious of pain at the time; but of all that had occurred, and of all her pains, or more properly speaking, of all the expulsive efforts of the uterus, from the time she first inhaled the vapour till after the child was born, she had no recollection whatever. Nothing unpleasant occurred during convalescence.

Case 4th. Mrs. N., of Blockley, aged 26, was taken unwell on the afternoon of Saturday, the 14th September. She complained of great weakness, vertigo, sickness of stomach, and pains in the back and limbs. The bowels were disturbed several times during the afternoon and evening; the evacuations were black and very fetid The matter ejected from the stomach, as she vomited repeatedly, was also of a bilious character. Her constitution had been very much impaired three years since, by an attack of autumnal fever, from the effects of which she has not yet recovered.

During this her first pregnancy, she has suffered much from indigestion, a train of nervous symptoms of a distressing character, together with general *œdema*.

At 8 o'clock in the morning, after a restless night, of which she has no recollection, she was seized with convulsions, which continued to recur ;—the interval between the convulsions decreasing, while the violence and duration of the paroxysms increased. At 10 o'clock, when I saw her, she had had six convulsions.

Her perceptive faculties were altogether obliterated. As each paroxysm subsided, she was observed to recover her faculties less perfectly, till they were wholly lost, with the exception, perhaps, of the ability to feel pain, which appeared to be regained simultaneously with the power of the uterus to contract ; a slight contraction of which served only to usher in another paroxysm. An examination showed that but little progress had been made in the labour; the os uteri was dilated to the extent of an inch and

a half, the membranes were entire, and the head was presenting. Her pulse was one hundred and ten in the minute. As she had complained of head ache before the convulsions came on, and as the pulse appeared of a character to bear it, I took sixteen ounces of blood from the arm.

This had no favourable effect. On the contrary, the spasms continued to increase in force and frequency. The pulse rose to one hundred and thirty-five in a minute, becoming much weaker. The extremities became cold, notwithstanding the application of sinapisms, and the surface was generally cold and clammy, and of a livid hue. Under these circumstances, it occurred to me that the vapour of ether might act as a stimulant, and also change the disordered action then existing. By administering the vapour, a worse state of things could not be induced than already existed, for it was evident to me, from the untoward progress the case had made, that a few more convulsions would destroy her.

All hope of a favourable result was lost, inasmuch as the labour made no perceptible progress. The lethargy succeeding a paroxysm of convulsions was accompanied by a want of contractile power in the uterus, and as soon as this was in a measure regained, and the uterus began to contract, another paroxysm would occur, preventing the further progress of the labour.

Under these circumstances I thought that if I could substitute the lethargy from the inhalation of ether, for the existing one, there would be a great point gained; *the one putting an entire stop to the labour, the other having no such effect.*

During the interval between each paroxysm, I had examined the state of the os uteri, hoping to find it dilated sufficiently to enable me to introduce my hand for the purpose of turning, but this was not the case, as there was very little dilatation. In a few minutes after the ninth paroxysm had passed off, I applied a sponge, well moistened with ether, over the mouth and nostrils The patient soon began to rub her nose violently, pushing away the sponge as soon as it was reapplied, till she was prevented by holding her hands. Her countenance in a minute or two lost its deathly hue, and resumed a more natural appearance. In less than ten minutes the whole surface became warm, and much more natural.

The pulse fell to one hundred and twenty-five; the interval between the paroxysms increased more than one-half, and their duration, when they did recur, was much lessened. Uterine contractions now ceased to have their former effect of bringing on the convulsions, *so that I could observe several distinct and efficient pains or contractions between the paroxysms.* The os uteri, as a consequence, began to dilate, but not as yet sufficiently to admit of the introduction of the hand.

I did not venture to apply the sponge long enough to produce a complete lethargy, but removed it when her opposition to its application in a measure ceased. I was fearful, if a complete state of lethargy was induced in her then low condition, she might not react. After being three hours and a half under the influence of the ether, the uterus was sufficiently dilatable to admit of the gradual introduction of the hand, the membranes which were still entire, were ruptured, and I succeeded in obtaining one foot, which was brought down and secured with a tape. Owing to the ungovernable restlessness of my patient, and to the powerful contractions of the uterus, I had great difficulty in finding the other; and when I had succeeded in getting it partly down, it offered so much resistance to my efforts, that I was apprehensive it might not be a fellow to the one I had. After comparing the direction of the toes, I ventured to exert a little more force, and brought away the child.

It was still living, though much exhausted, the lungs required inflation before it breathed, but after respiration was once established it did very well. The placenta came away promptly, and there was no flooding.

No vapour was given after the child was delivered. The mother still continued in a stupor, with convulsions at intervals of forty-five minutes, till 4 o'clock next morning, when they ceased. She took, during the night, as an antispasmodic, forty drops of tr. assafœtida in milk, at intervals of two hours. In the evening her pulse was one hundred and twenty-eight, and quite feeble. I should mention that the convulsions had diminished in force, and continued to do so till they ceased.

At eight in the morning, the stupor still continuing, she took ten grains of calomel, and in one hour a tea-spoonful of fluid ext. of senna, which was repeated every hour for four hours, when it operated on the bowels, producing copious black and very fetid evacuations. From this time she recovered rapidly: the day following she noticed some things and answered questions. Her tongue had been sadly bitten; she could not account for its soreness; has no recollection of any thing that has occurred, and thinks it strange that her child could have been born without her knowledge. In two weeks she was about her room, having convalesced rapidly without an unpleasant symptom. The child, a fine boy, is doing well.

Case 5th. September 4th, at 3 o'clock, A. M., I was called to see Mrs. ——, of Lower Merion, in labour with her third child. She had been complaining all night. Her pains, when I first saw her, were not so frequent, nor so severe as they had been for some hours previous, and they continued to decline till they passed off altogether for a time during the middle of the day.

They again came on in the afternoon with more force and increased frequency. An examination shewed that no progress whatever had been made in the labour. The usual vaginal secretion was wanting, the vagina being preternaturally dry and rigid. On inquiry I found that there had been a leucorrhœa of some standing. As there had been no progress, I left her, and returned at 7 o'clock. An examination now shewed the labour to be progressing rapidly; the os uteri was well dilated, the head presenting with the vertex to the left acetabulum. The membranes were not ruptured, and the secretion of mucus quite abundant. I ruptured the membranes, after which the pains became very severe. I now suggested the use of the ether to my patient and her friends, to which they immediately consented.

In a minute after the application of the sponge, she began to talk in an excited strain on subjects unconnected with her case, till a pain came on, when she spoke of it in a light and merry mood, repeating the words, "a pain! a pain!" rapidly and mincing her words in such a way as to convey the idea that she was suffering very little. During the intervals between the pains, she talked wildly and incessantly, even when the sponge was applied to her face.

Her pulse was eighty-five when she commenced taking the vapour; it fell to seventy-six, and after she ceased to inhale, it rose to ninety-six. She seemed conscious of relief from the inhalation, and would call for more gas as she termed it, inhaling it with eagerness. She frequently remarked that she knew perfectly well what she was doing, knew her friends who were present, although she would call for them as though they were out of her sight, asking where they were when they were standing immediately over or by her. She boasted that the gas could not affect her: that her mind was superior to its influence. As the labour approached its termination, she seemed to suffer acutely, screaming violently, asserting that she would die,—"all your gas wont save me!"

At five minutes to 9 o'clock, P. M., she gave birth to a large male child, much larger than either of her others had been. She appeared to be perfectly conscious of its birth, but remarked, although she had suffered so much and complained so bitterly, that she could not have lived through it, if it had not been for the gas. This she repeated several times, after she had ceased to inhale the vapour, and after its effects had passed off.

The placenta came away in eight minutes after the birth of the child. There were no unpleasant symptoms, and the convalescence was rapid. A slight degree of inflammation of the child's eyes, which shewed itself in a few minutes after its birth, and which was attributable to the leucorrhœa of the mother, yielded to a mild astringent wash.

Case 6th. September 11th, at 4 o'clock, A. M., I saw Mrs. E., of Roxborough, aged 37, in labour with her sixth child. She had been ill all the preceding day, but the pain had not been very severe till night, when the paroxysms became quite regular and continued so till I saw her. Her pulse was 84 to the minute. On making an examination, I found the head well down in the pelvis, the os uteri dilated to the extent of several inches, and the vertex presenting to the left acetabulum.

The membranes were entire; I ruptured them, and as she was suffering acutely, though there was not a prospect of its continuing long, I proposed to her the use of the ether, and she gladly embraced the proposition.

In less than two minutes she was completely under its influence, and in a lethargic state, the pulse falling to 72. She was partially roused from this by the recurrence of a pain, but the re-application of the sponge re-induced the lethargy, during the continuance of which, and without any further inhalation, she gave birth to a healthy and vigorous female child. She knew nothing whatever of its birth, and was delighted with the relief she had experienced, saying she had been in a dream from the time she took the vapour. The mother and child are doing well.

BIBLIOGRAPHICAL NOTICES.

A System of Surgery, by J. M. Chelius, Doctor of Medicine and Surgery, Public professor of General and Ophthalmic Surgery, Director of the Chirurgical and Ophthalmic Clinic in the University of Heidelberg, &c. &c. &c. Translated from the German, and accompanied with additional Notes and Observations. By John F. South, late Professor of Surgery to the Royal College of Surgeons of England, and one of the Surgeons to St. Thomas' Hospital. In three volumes, 8vo. Lea & Blanchard: Philadelphia, 1847.

The foundation of the present publication is one of those admirable *handbooks*, for which several recent German medical writers have rendered themselves famous. The object of the author in its preparation was to supply a text book which should give a short

and clear description of Surgical Diseases and their treatment, and point out the best works on the several subjects. According to his plan, many things were slightly treated of, and others only hinted at, leaving the deficiencies to be supplied in his lectures. In subsequent editions, however, the author rendered his work more complete, and in the English translation Mr. South has supplied, very extensively, the omissions of the text.

In looking over the work, we have been particularly struck with the intimate acquaintance displayed with minute anatomy, and the changes and morbid products which occur from disease; the soundest views, both as to surgical pathology and treatment, are advanced on every subject, and generally in the clearest and most concise language. We meet with no affectation of originality; on the contrary, the best authorities are constantly referred to, and their very language quoted, where information or illustration is best attained in that way; we do not find the statements and opinions of others quoted, however, for the idle purpose of refutation and triumph, nor are the names of authors quietly omitted and shunned, lest the reader should discover the source from whence the most valuable materials are drawn. No such pettifogging is to be found in Chelius or his annotator; nor is it necessary for the interest of the work, for on every point treated of, evidence is afforded of a thorough acquaintance with the subject.

Diseases, according to Chelius, are either *dynamic* or *organic*. "This distinction can, however, only indicate a relatively predominant suffering of one or other phase of life, since the organic body presents in itself an entire whole, of which the several parts and phenomena are in the closest mutual connexion with each other.

"The organic diseases are especially those which originate in a destruction of the natural condition, form, and structure of organized tissues, and therefore may generally depend, 1. *On the disturbance of organic connexion;* 2. *On the unnatural union of parts;* 3. *On the presence of foreign bodies;* 4. *On the degeneration of organic parts, or on the production of new structures;* 5. *On the entire loss;* and, 6. *On the superfluity of organic parts.*"

"Organic diseases must be distinguished," according to our author, "into such as have their seat in parts inaccessible to mechanical contrivances, and to our organs of touch, and whose cure therefore can only be attempted by dietetic and pharmaceutic reme-

dies; or those whose seat permits the employment of external means, and regulated contrivances, and which in most cases can be brought to heal only by these contrivances, with the assistance of dietetic and pharmaceutical aids. *We may therefore distinguish, as belonging to the province of Surgery, all those organic diseases which have their seat in parts accessible to our organs of touch, or which allow of the employment of mechanical means for their cure.*"

"Although inflammation is excluded from this general definition, we must, however, still enumerate it generally, and particularly among the manifold origins of surgical diseases, when it attacks external parts. Inflammation, in its course and results, produces for the most part organic changes, and requires, when attacking external parts, almost always the employment of the so-called surgical means; further, among the surgical diseases soon to be more particularly described, there is not one of which the cause is not inflammation, which in its course does not produce inflammation, or the cure of which is not, to a certain extent, simply and alone possible by inflammation."

The following is the author's division of the subjects embraced in his work.

1st Division.—*Of Inflammation*—general, peculiar, and of special organs.

2d Division.—*Diseases which consist in a disturbance of physical connexion.*—Solutions of continuity; *fresh*—wounds and fractures; *old solutions*—false joints, hare lip, &c., ulcers, fistula, &c. &c.

3d Division.—*Diseases dependant on unnatural adhesion of parts*—Anchylosis, adhesion and closure of natural openings, as the mouth, nose, rectum, vagina, &c. &c.

4th Division.—*Foreign bodies*—introduced externally into our organism; formed in our organism by the retention of natural products; accumulation of unnatural secreted fluids, from the concretion of secreted fluids.

5th Division.—*Diseases which consist in the degeneration of organic parts, or in the production of new structures*—Enlargement of Tongue, Clitoris, &c., Bronchocele, Warts, Bunions, &c.

6th Division.—*Loss of organic parts.*

7th Division.—*Superfluity of organic parts.*

8th Division.—*Display of the elementary management of Surgical operations.*

Prefixed, we have a notice of all the prominent works relating to surgery which have appeared from the earliest period of its literature, including Journals and Periodicals, the value of which can hardly be estimated by any one who has not occasion for extensive reference; but what is of more importance to most readers is a most complete analytical index at the end of the work, occupying upwards of seventy pages closely printed, in double column. It is the most perfect performance of the kind we have ever seen. We are informed, that the work has gone through six editions in Germany, and been translated into seven different languages—an evidence of general appreciation which few authors live, like Chelius, to see bestowed upon their works, but which all who examine this production will admit to be fully merited.

To Mr. South, the profession is certainly under very great obligations, not only for a good translation of an excellent work, but for the extensive and valuable additions he has made to it, and without which, the author's short notices of many subjects would have been unsatisfactory to either the student or practitioner. With the exception of Diseases of the Eye and Ear, which are omitted in consequence of the author having comprised them in a separate volume, this edition of the *Hand Book* of Chelius, with the notes and comments of Mr. South, and the references of Dr. Norris, may be regarded as the most comprehensive work on Surgery extant.

Lectures on the Principles and Practice of Physic; delivered at King's College, London. By THOMAS WATSON, M. D., Fellow of the Royal College of Physicians; late physician to the Middlesex Hospital; and formerly Fellow of St. John's College, Cambridge. *Third American, from the last London edition. Revised, with additions.* By D. FRANCIS CONDIE, M. D., Secretary of the College of Physicians; Author of a Treatise on Diseases of Children, &c. 8vo. pp. 101. Philadelphia: 1847.

Handbuch der Medicinischen Klinik; verfasst von Dr. CARL CANSTATT: königlich-bayerischem Gerichtsarzte und Mitgliede mehrerer gelehrter Gesellschaften. Zweite vermehrte Auflage. 8vo. Erster Band, S. 370: Dritter Band, S. 911. Vierter Band, S. 798. Erlangen, 1843.

Lehrbuch der speciellen Nosologie und Therapie. Von CONRAD HEINRICH FUCHS, Professor zu Göttingen. 8vo. Erster Band, S. 674. Göttingen, 1845: Zweiter Band, S. 1250: Göttingen, 1845–1847.

Handbuch der Pathologie und Therapie. Von Dr. C. A. WUNDERLICH, Professor der Medicin; z. z. Vorstand der medicinischen Klinik zu Tübingen. 8vo. Dritter Band, S. 616. Stuttgart, 1846–7.

There is no end to treatises on the Practice of Medicine. In our last number, we announced one from our own country and city; and we have heard of other *indigenous* productions, that are in course of preparation,—some positively at the full period of utero-gestation, and requiring but an enterprizing bibliopolical accoucheur to usher them into independent being,—either to die of *atelectasis*, or to attain full development amongst the prized varieties of the species.

To-day, we have to herald a few *exotics*—one of which has been transplanted into our own soil; and under the fostering cares that have been bestowed upon it, and still more, owing to its own intrinsic life-powers, has become naturalized, extensively known, and as extensively appreciated amongst us.

Of Dr. Watson's Lectures we have spoken more than once,—as often indeed as a new edition has appeared. We have now to

announce a third. Of the original work we need not repeat the favourable sentiments to which we gave utterance when first we saw it. Without being complete, or equal in all its parts,—and where is the work that can exhibit entire *oneness* in its varied details?—it is generally excellent in its descriptions, didactic, and well expressed. There is something, too, attractive to the young more especially in the form and style of "Lectures." The reader seems to feel that he is listening to, rather than reading, the discourse; and more interest is felt, by the young more especially, and less fatigue experienced, than in more profound and serious essays on the same subjects, not conveyed in the like manner.

The basis—*Grundtext*—of Watson is the same as in the last American edition. The notes of the American editor, contained in that edition, are equally in this; but in addition we notice others, which are good and appropriate. We know, indeed, of no one to whom the task of editing such a work could have been committed with more propriety than to Dr. Condie. Possessed of a knowledge of various languages—Teutonic and Romanic—zealous in maintaining himself *a portèe* with the existing condition of medical science everywhere; judicious and impartial; a supporter of no exclusive sect, system, school or *clique;* cosmopolitan in science, as every one ought to be,—it is a disgrace, indeed, to him that is not,—he is well adapted to be the exponent of the existing state of medical knowledge here and elsewhere. As the editor of a work like the one before us, he has not room enough to express his opinions fully and freely, but where he has done so, his additions have been of such a character as to cause us to regret that more *paper-room* had not been allowed him.

Tne "*Manual of Clinical Medicine*" of Dr. Canstatt is anything but a "Manual" (*Handbuch:*) as well might we term a blunderbuss a pocket pistol. It is not yet complete; and as the able author is dead, doubts may be entertained whether it ever will be. We have recently heard, however, from Germany, that another volume is about to appear. Both it and the "*Handbuch*" of M. Wunderlich are examples of what we took occasion to deplore, in noticing certain German works a short time ago.

Instead of issuing the volumes in proper order, we, at times—as in the case of that of M. Wunderlich—receive first the *third* volume. M. Canstatt's work—which is now in its second edition—is on a good plan. The first volume, which, in this case, *did* appear first, is on the elementary forms of disease, or what he terms "the morphological part of clinical medicine"—*Morphologischer Theil der Klinik;* and embraces Hypertrophy, Atrophy, Plethora, Anæmia, Chlorosis, Hyperæmia, Inflammation, Hemorrhage, Blood Disease, Anomaly of Secretions, Dropsy, Bright's Disease, Pneumatosis, Adiposis, Homologous Transformations of Tissue, (*Homoöplasie,*) Carcinoma, Tuberculosis and Scrophulosis, Lithiasis, Invermination, Softening, Induration, Fever, Neuroses, Nervous Erethism, (*Algien,*) Spasm, Anæsthesia, Acinesia, and Psychoses,—all subjects which he deemed it advisable to treat in a general manner, before passing to Special Pathology and Therapeutics, which occupy the remaining volumes. The *division,* which he adopts in them, is the anatomical: the third volume, for instance, which was issued after the first—the second not having appeared—embraces diseases of the head, spinal marrow, nerves and air-passages. In the detail of each of these, there is much system, and an ample bibliography, with numerous references to authorities, in the practical portions more especially. In this respect it differs greatly from the work next in order.

Of the work of Professor Fuchs of Göttingen we have received the first and second volumes,—the whole being intended to be comprised in that number; but it certainly is not complete. There are many topics that ought still to be treated of.

We confess we are not—as utilitarians—so well pleased with this production as with the others. It has not the same *practical* air about it as they have. We say "*practical*"—not in the cant language of the day, which is too apt to regard everything not practical that does not treat of *dosing,* but it seems to us too much attention is given by M. Fuchs to nosology, and to endless divisions and subdivisions, so that in the absence of an Index, which the parts issued do not possess, it is a task of no little labour to find out any special topic on which we may desire to see the sentiments of the author. The first volume, which

is addressed to his "beloved preceptor"—*seinem geliebten Lehrer*, Dr. J. L. Schönlein—a highly esteemed name in his *Vaterland*—treats of the Classes and Families of Disease, to each of which he gives learned appellations derived from the Greek, and for which he will have, of course, the blessings of the "harmless drudge"—the lexicographer; for we doubt whether they will ever be extensively disseminated except by him. We shall only refer here to his classes,—the arrangement of which he follows in his second volume, in inquiring into the genera and species—"*Gattungen und Arten.*" These are: *First.* "Diseases of blood-life"—*Hæmatonosen*. *Second.* "Diseases of nerve-life"—*Neuronosen;* and *Third.* "Diseases of Form and Formation"—*Morphonosen.* Of each of these he has several orders, families, genera and species, leading—as we have said—to learned confusion; and exhibiting much and useless metaphysical subtlety. The author is, however, a man of decided learning, and eminently instructed in his profession. His book will doubtless be properly appreciated among his countrymen, and may find, with advantage, a place in the library of every one acquainted with German Medical Literature.

The last of the books whose titles are at the head of this article, is the most adapted to our taste, both by its arrangement, and the fulfilment of details. It adopts the best of all divisions—that according to organs or apparatuses. The *third* volume, which is the *first* to appear—and the only one, by the way, that *has* appeared—embraces the diseases of the circulatory and respiratory organs, test subjects for an author, and one on which he cannot write a respectable treatise without being instructed in all modern diagnostic methods. The Prospectus states, that the third volume will embrace the diseases mentioned, as well as those of the digestive and urinary organs; but the volume really concludes with those of the respiratory organs. The whole work is promised by Easter, 1848. Its author is certainly a well read, learned and sensible physician; and his work is an excellent dissertation on the subjects comprised in it. We have consulted it on numerous occasions with much pleasure and profit.

The Dispensatory of the United States of America. By GEORGE B. WOOD, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, one of the Physicians of the Pennsylvania Hospital, etc., etc., and FRANKLIN BACHE, M.D., Professor of Chemistry in Jefferson Medical College of Philadelphia, one of the Vice Presidents of the American Philosophical Society, etc., etc. *Seventh Edition, carefully Revised.* Grigg, Elliot & Co. Philadelphia: 1847.

We have much pleasure in announcing a new edition of this excellent work; not because of any deficiencies in the former edition, or of any large additions to be expected in the present, derived from improvements made within the brief period which has elapsed, but as evidence of a just appreciation of its merits. The authors have carefully gleaned from the periodical journals, and recent European treatises, everything of value which came within the scope of the work, so that it is fully up to the day. The publishers, too, have done justice to the work by the style in which it is brought out.

Wood's Quarterly Retrospect of American and Foreign Practical Medicine and Surgery. April to July, 1847. No. 1, Vol. 1. Richard and George S. Wood: New York.

This is a new publication, just projected, on the plan of Braithwaite and Ranking, but instead of semi-annually, it is to appear quarterly.

The present number contains sixty-four pages, double column, of well selected matter, embracing sixty-nine American articles and forty-one Foreign. The fault we would find with it is the want of attention to typographical accuracy.

We can see no reason why such a publication of indigenous origin should not succeed as well as the exotics, which we believe thrive bravely. It is perhaps true now, as in ancient days, that a prophet hath honour in all countries save his own. We see evidences of it daily; and yet as a people we are charged with being egotistical and self-sufficient beyond all example. We certainly are a little boastful, and have a right to be; we have more to be proud of than any other nation, as it regards our country and its institutions, and all that is wanting to perfect our

national character is a national literature. Why should not American learning, American talents and enterprise in literature and authorship, be fostered and protected as well as the grosser arts? Individually, we are the richest people on the earth; but the wealth that we have will only serve to brutalize and degrade us, without the refining influences of science and the arts.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCTOBER, 1847.

EPIDEMIC CEREBRO-SPINAL MENINGITIS IN MISSOURI.

In our number for August last, (p. 506,) we inserted in the 'Record' department, a communication, addressed to the *New Orleans Medical and Surgical Journal*, on the subject of a highly fatal disease, which prevailed in the early part of the year in Mississippi and Tennessee, and was manifestly an affection of the same character as one which visited with fearful malignity different towns of France, attacking principally the common soldiers of the garrisons. It was seen also in Ireland in 1846; and everywhere has presented the same great general characters. The term *cerebro-spinal* seems to be applied to it with propriety, and it evidently attacks, in a marked manner, the gray matter in the centre of the cord—the nervous system of reflex actions. It would appear from the following extract of a letter, addressed to Professor Dunglison by Dr. W. C. Philips, dated Rocheport, Boon county, Missouri, September 13th, 1847, that the scourge has been devastating localities widely apart from each other, and it is not improbable that it may extend elsewhere.

"I take the liberty," says Dr. Philips, in his intelligent epistle, "of advising you of the prevalence of a disease, that has excited considerable interest in this country, from its nondescript and fatal character.

"*Symptomatology.* There are no invariable symptoms attending it. Generally, the patient has been in ordinary health, pursuing his accustomed occupation, and the first indication he has of the approach

of the disease is, perhaps, a pain in the hand, foot, arms, legs, eye, brain, lungs, stomach, or bowels. Any one, or a number of these locations in connection, may be primarily affected—sometimes there is a sensation of cords drawing at the back of the neck, producing stiffness. In one case, there was contraction of the occipito-frontalis, and the muscles of the face. In many cases, there is so much soreness of the surface, as to render the smallest amount of clothing intolerable. It is usually ushered in with a chill of variable intensity, succeeded by similar reaction, and this reaction is followed in from 3 to 12 hours by a second chill, and if disorganization has not previously taken place, (which is often the case) it appears to accompany, or immediately succeed it. In many cases, there is excruciating pain in the arms, legs, and other parts of the body, and this pain, when located in the limbs, is often accompanied by swelling of the joints and more or less loss of the use of the limbs, with stiffness and inability to move them. These pains are sometimes permanent, but at others, shifting from one point to another. The neck is often drawn backwards or forwards at an angle of almost 45° from its natural position, and so rigidly fixed, that it would break it short off to force it to resume its physiological position, and is swollen very much larger than its ordinary size. The external surface is sometimes beautifully spotted; and in a few cases there was an exanthematous eruption. The nervous system is deeply involved. There may be profound coma,—wild and furious delirium,—subsultus tendinum, &c., apoplexy and paralysis. In one case, there was blindness of one eye, accompanied with permanent pain in the head; also swollen joints, (terminated fatally.) Lungs may or may not be implicated. Stomach the seat often of nausea and vomiting. Bowels, nothing characteristic. In a few cases, there was gastro-enteritis. Trismus occurred in one case. In other cases, there was an inability to swallow any thing, from the swollen and painful condition of the larynx and pharynx.

"*Etilogy.* Most common form 10 to 15 years of age; but occurs at all periods of life. It resembles in many respects the prevailing disease of our country, (at the time of its occurrence last spring,) which was a modified form of pneumonia. There was, in both, the same soreness of the surface. The chill ushering in; the pneumonic symptoms and the swelling of the joints were similar; and the worst forms of the prevailing disease, and this malignant scourge, were similar in their duration, termination, &c. From these facts I infer, that they are produced by the same general cause, and that

there exist local causes where it prevailed giving its malignant type. The disease is confined to a section of country in the Missouri River bottom, which was the seat of a great overflow in June, 1844, at which time an extensive layer of sand was deposited upon the soil, entombing large crops of vegetable matter. After the overflow, this bottom has been unusually healthy until last spring, whilst the rest of our country has suffered far more from disease than usual. Would it be philosophical or scientific to say this overflow produced these local causes?

"*Prognosis* is unfavourable: five-sixths die. In many cases, it is death *ab initio*. When fatal, it is generally so in from six hours to two days."

DR. RUSCHENBERGER, U. S. N.

This able medical officer, whose services in the Navy have been long highly appreciated, not only when afloat, but in the naval hospitals of the country, and who has been not less distinguished for his incessant efforts to elevate the character of the corps, and to obtain for its officers—in which he succeeded—a fixed rank in the Navy, has left the Naval Hospital, New York, to reside in the place of his nativity—Philadelphia. Of that hospital he has had the professional care for four years; and has been succeeded by Surgeon Waters Smith.

The following—we believe, unusual—testimonial is honourable to the giver and the receiver, and we have no doubt was as true as it is honourable; and, although at the risk of offending the modesty of the party most concerned, we publish it as an incentive to others to merit the same tribute.

NAVY DEPARTMENT,
Bureau of Medicine and Surgery, Sept. 2d, 1847.

Sir,—I have to inform you, that the Board of officers, ordered on the 16th inst. to examine into the state and condition of the Naval Hospital at Brooklyn, then under your charge, have submitted their report to this office. The character of this report is so highly complimentary to yourself, I deem it proper to furnish you with an extract, as follows:—"The order, method, cleanliness and good discipline everywhere apparent, from the sick wards to the most inferior offices, were highly satisfactory. The exact system of accounts deserves to be particularly noticed as an act of justice to the surgeon, who has devoted great pains and much labour in the details.

"Unusual attention was observable in the Laboratory Department, which has been turned to a good account, in an economical view, in

the preparation of many articles of materia medica, as well as securing uniformity in the strength of various preparations."

I have the pleasure to add, that I am authorized to signify to you the high satisfaction entertained by the Department for the very able manner in which all your duties have been performed while Surgeon in charge.

Respectfully,

THOMAS HARRIS,

per J. L. Fox, Assistant to Chief.

DR. W. S. W. RUSCHENBERGER, Surgeon, U. S. Navy, Brooklyn, N. Y.

DOCTOR ANDREW COMBE.

[We are indebted to a friend for the following notice of Dr. Combe, which will be read with interest, especially by those who are conversant with the admirable productions of his pen.]

Of the death of Dr. Combe, our readers have been apprised through the public papers. On us devolves the duty of indicating the special merits of our deceased brother, and the loss to the profession by his death. Here, if any intelligent reader were at our side, he might interrupt us by remarking on the signal services rendered to mankind by the writings of Dr. Combe, and allege that still, in a greater degree, must his loss be felt by the members, generally, of every community, than even by his professional brethren. Literally, and in its full meaning, may it be said, that man, woman and child, are under the strongest obligations to this popular writer, for his singularly lucid and practical teaching of hygiene, in connexion with physiology, as evinced in his different works, of which we shall soon speak under their respective titles. In another point of view, the labours of Dr. Combe furnish a lesson of encouragement to those who, owing to failing health, might be deterred from prosecuting their literary and professional labours, and of reproof to others who plead every slight indisposition and mental depression as excuses for not discharging their duties in these respects. He became a victim to the inroads of pulmonary consumption soon after the age of manhood; but yet he continued to be the zealous student, and at intervals the industrious and successful writer, during the whole of the period between the date of his first attack of disease, in 1820, and that of his death, on the 9th of August, 1847, a little before he had attained his fiftieth year.

Doctor Combe was born in Edinburgh on the 27th of October, 1797, being the fifteenth child, and seventh son, of parents whose entire progeny numbered seventeen. Having gone through the usual course of instruction at the High School, he was bound apprentice, in

conformity with the usage in Great Britain, to the late Henry Johnston, Esq., surgeon in Edinburgh, and in 1817 he had acquired an amount of knowledge which entitled him to be licensed as a surgeon. With the view of farther qualifying himself for medical parctice, he next repaired to Paris, where two years were laboriously spent in attending on the hospitals and listening to the instruction so prodigally given out in the lectures of the many professional celebrities of that capital. In 1823 he began to practice in Edinburgh, and about two years later took there his medical degree. Success attended his professional labours, marked as they were by sagacity, kindliness and conscientiousness; and he was in the course of a few years in the enjoyment of a flourishing practice. But a return of symptoms of pulmonary disease obliged him, in 1831, to proceed to Italy, where he had been once before from a similar cause. He was, however, able to pass the winter of 1832–3 in Scotland, and in the latter year to resume his practice. "In 1836 he was honoured with the appointment of Physician in Ordinary to the King and Queen of the Belgians, and for several months attended the royal family in Brussels; but the climate proving unfavourable to him, an alarming return of his pulmonary symptoms abruptly sent him back to recruit his health in his native land. Subsequently he continued to act as consulting physician to their Majesties, and occasionally paid them a visit. About six or seven years ago, he was appointed one of the Physicians Extraordinary to the Queen in Scotland, and afterwards one of her Majesty's physicians in Ordinary in this part of the united kingdom. He was, also, a Fellow of the Royal College of Physicians of Edinburgh, and a corresponding member of the Imperial and Royal Society of Physicians of Vienna."

The works by which the name of Dr. Combe is best known to the public, are—"The Principles of Physiology applied to the Preservation of Health, and to the Improvements of Physical and Mental Education," of which twelve editions have been called for since its first appearance in 1834; "The Physiology of Digestion, considered with Relation to the Principles of Dietetics," originally published in 1836, and now in the seventh edition; and "A Treatise on the Physiological and Moral Management of Infancy, for the use of Parents," of which the first edition came out in 1840, and the sixth or People's edition, in June of the present year.

These works have been republished in the United States, and the first and third mentioned have gone through many editions. This last was edited by Dr. Bell in a manner that gave much satisfaction

to the author. As it is the fashion, just now, with some of our home critics, and particularly with those who are quite innocent of any literary attempt themselves, to speak in terms of disparagement of American editions of English works, we shall quote the concluding paragraph of the introduction to the last edition of the "Treatise on Infancy:"—"Here I cannot resist the opportunity of expressing my grateful acknowledgments to Dr. John Bell, of Philadelphia, for the time and trouble which, amidst many pressing avocations, he so kindly and disinterestedly bestowed, not merely in superintending the republication of this work in the Uuited States, but in enriching it with many valuable notes, for the purpose of adapting it more completely to the domestic habits and wants of the Transatlantic public. To Dr. Blicker, of Copenhagen, I am also indebted for its appearence in a Danish translation."

The aim of Dr. Combe, in preparing these works, is well expressed in the following sentences, by the author himself. "In teaching dietetic rules and hygienic observances, therefore, the precepts delivered should be connected with and supported by constant references to the physiological laws from which they are deduced. Thus viewed, they come before the mind of the reader as the mandates of the Creator; and experience will soon prove, that, by his appointment, health and enjoyment flow from obedience, and sickness and suffering from neglect and infringement of them." That he was entirely successful in his estimate, both of the importance of the subjects, and of the manner in which they are best taught, is shown by, not merely the wide circulation, but the careful study of his different treatises.

Dr. Combe and his elder brother, Mr. George Combe, with whom in this country he is often confounded, were among the leading members of the Edingburgh Phrenological Society, instituted in 1820. He contributed two essays to the volume of Transactions, published by that body in 1824, and subsequently wrote many valuable papers in the *Phrenological Journal*, which was commenced in 1823, and now extends to twenty volumes. In 1831, Dr. Combe published "Observations on Mental Derangement; being an application of the Principles of Phrenology to the Elucidation of the Causes, Symptoms, Nature, and Treatment of Insanity." This work has long been out of print; the infirm health of the author having, as he tells us, prevented him from devoting that attention to the treatment of insanity, and, consequently, of "doing that justice to the subject, which its later progress and inherent importance imperatively demand." In the beginning of 1846, his strong conviction of the importance of

phrenology to medical men, induced him to write, at the penalty of considerable fatigue, an "Address to the students of Anderson's University, Glasgow, at the opening of Dr. Weir's first course of lectures on Phrenology."* It was delivered to a crowded audience by his brother, (Mr. George Combe,) and subsequently appeared as a pamphlet. He also contributed several articles to the ***British and Foeign Medical Review***, and was an occasional writer on medical and sanitary subjects in the columns of the *Scotsman*, a paper conducted with great ability and exerting no little political influence in North Britain.

From the biographical sketch of Dr. Combe, which appeared in the Scotsman of Aug. 21, we extract the following characteristic traits of the deceased, in the accuracy of which we have full reliance, For ourselves we cannot boast of the advantage of much personal intercourse with Dr. Combe; but, even from the slight acquaintance with him which his few days' visit to Philadelphia, in the early part of the last summer, allowed us to make, we are prepared to adopt the opinions of his friend in the paper just referred to.

"The decease of Dr. Combe, will have taken no one who knew him by surprise, for he was for many years in that condition, with the loss entirely of one lung, which makes life a greater miracle than death; but it will not on this account be the less deplored, either as causing a blank in the circle of private friendship, or as the signification of a public loss. Dr. Combe belonged to that rare class of physicians who present professional knowledge in connection with the powers of a philosophical intellect, and yet, in practical matters, appear constantly under the guidance of a rich natural sagacity. All of his works are marked by a peculiar earnestness, lucidity and simplicity, characteristic of their author; they present hygienic principles with a clearness for which we have no parallel in medical literature. To this must be ascribed much of the extraordinary success they have met with, and on this quality undoubtedly rests no small share of their universally acknowledged utility. Those, however, who look below the surface will not fail to trace a deep philosophical spirit, as pervading these works, something arising from a perfect apprehension of, and a perfect allegiance to the natural rule of God in our being. It has been a guidance, one would almost say an inspiration, of the author, without ever carrying him for a moment where ordinary readers could not follow him. Here we think is the true though latent strength of Dr. Combe's popular writings, and that which will probably give them a long, enduring preeminence in their particular department. We always feel, in reading them, that we are listening to one of those whom nature has appointed to ex-

*Printed in the London Lancet, and in the Bulletin of Medical Sciences, edited by Dr. Bell.

pound and declare her mysteries for the edification of her multitudinous family. In his own section of her priesthood, certainly few have stood in his grade, fewer still become his superiors.

"The personal character and private life of Dr. Combe formed a beautiful and harmonious commentary upon his writings. In the bosom of his family and the limited social circle to which his weakly health confined him, he was the same benignant and gentle being whom the world finds addressing it in these compositions. The same clear sagacious intelligence, the same entire right-mindedness, shone in his conversation. An answer to any query put to him, whether respecting professional or miscellaneous matters, was precisely like a passage of one of his books, earnest, direct and conclusive. •Whatever measure he called upon others to do or to avoid, that he did, and that he avoided, in his own course of life; for doctrine, with him, was not to be treated as external to himself, but as the expression of a system of divine appointment, of which he was a part. To his rigid though unostentatious adherence to the natural laws which he explained, it was owing, that he sustained himself for many years in a certain measure of health and exemption from suffering, while labouring under the consumptive tendency which finally has cut short his career. On this point, there is the more reason to speak emphatically, when we reflect that the years thus redeemed from the grave were employed in that which will yet save many from premature death, as if it had been his aim to show the value of even the smallest remains of life and strength, and thus advance one of the principles dearest to humanity. It was not, however, in any of these respects that the character of Dr. Combe made its best impression, but in his perfect geniality and simplicity, and the untiring energy of his practical benevolence. Here resided the true charm of his nature, and that which made him the beloved of all who knew him. No irritability attended his infirm health; no jealousy did he feel regarding those whom superior strength enabled to outstrip him in the professional race. Kindly and cordial to all, he did not seem to feel as if he could have an enemy, and therefore we believe he never had one. It might almost be said that he was too gentle and unobtrusive—and so his friends, perhaps, would have thought him, had it not, on the other hand, appeared as the most befitting character of one who, they all knew, was not to be long spared to them, and on whom the hues of a brighter and more angelic being seemed already to be shed."

In a letter from a near relative of Dr. Combe, announcing the death of the latter, addressed to Dr. Bell, it is stated that Dr. C., after going to bed on the evening of the 2d of August, in his usual state of health, was seized with diarrhœa, under which, after ineffectual attempts to check it, he sank on the 9th of the same month. He had very little suffering, and his mind continued calm and cheerful to the last. Frequently, he expressed his thankfulness that he was

permitted to depart so easily. The immediate cause of his death was ascertained, in *post mortem* examination, to be a "chronic disease of the bowels, terminating in ulceration." "The left lung was wasted away and completely useless; the right nearly, or altogether entire." For years past Dr. Combe knew that his left lung was gone; his chest on that side had sunk in. We shall probably yet receive a more detailed account of the structural changes from Dr. John Scott, who was his professional attendant and friend.

OBITUARY.

Died, on the 30th of August in the city of New York, JAMES A. WASHINGTON, M. D., in the 46th year of his age. Dr. W. studied medicine in this city, and was sometime one of the resident physicians of the Pennsylvania Hospital. The following account of the post mortem examination of the body, we extract from the Annalist of the 15th ultimo. It will be read with a melancholy interest by his many friends in Philadelphia.

To the EDITOR of the Annalist.

I send you an account of the post-mortem appearances of our much-lamented medical brother, Dr. Washington, who has been so suddenly removed from among us, believing it will be interesting to your medical readers. At the request of Dr. Parker, I made the autopsy eighteen hours after death. Present, with Dr. Parker, Drs. Delafield and Borrowe.

External Appearances.—The body is not emaciated, but slightly jaundiced, and decomposition is commencing about the neck; on the abdomen are marks of leech-bites, and a blister.

Head.—Not examined.

Chest.—Heart, normal. Left lung:—upper lobe united by very old adhesions; the lung otherwise normal. Right lung:—in the summit of the upper lobe was found a small obsolete tubercle, about the size of a buck shot, while the posterior part of the lower lobe was congested.

Abdomen.—The subcutaneous cellular tissue loaded with fat about one inch in thickness. The muscular tissue was red and firm; on dividing the peritoneum, the omentum was found matted together, and lying over to the right iliac region, and adherent to the caput coli, where it formed part of the walls of a fœcal abscess, which was situated in the right iliac and lumbar regions; the remaining portion of the walls of this abscess was formed partly by the caput coli, folds of the ileum, and the peritoneal lining of the wall of the abdomen; it was lined by a recently formed grayish false membrane; the cavity was about the size of a hen's egg, containing a small quantity of light-brownish coloured feculent matter; at the lower part of the abscess, the appendix cæci vermiformis was found in a gangrenous condition,

and on its careful removal, it was found obstructed by a small body about the size and shape of a bean, lodged about half an inch from its connection to the cæcum. Beyond this, the vermiform process was gangrenous; there was a small perforation at its extremity, from which the feculent matter had escaped. The mucous coat of the caput coli was red, thickened, and covered with small granules of lymph; the remaining portion of the colon was healthy. Several folds of the ileum and jejunum were adherent by recently formed lymph, but there was very little effusion into the abdominal cavity.

Stomach and spleen, normal.

Liver about its natural size, of a yellowish granular structure; the gall bladder was filled by dark, greenish, inspissated bile; gall ducts clear.

Kidnies.—The left enlarged, and in the early stage of granular disease; right, healthy.

Sincerely yours,

G. A. Sabine, M. D.

MEDICAL APPOINTMENTS.

The following appointments of Professors have recently been made:

University of Pennsylvania.—James B. Rogers, M. D., Professor of Chemistry, vice Professor Hare, resigned.

Ohio Medical College.—Professor L. M. Lawson, of the University Transylvania, Professor of Materia Medica, vice Prof. Harrison, transferred to the Chair of Theory and Practice of Medicine.

Hampden Sidney College.—Charles Bell Gibson, M.D., Professor of Surgery, vice Professor Warner, deceased.

University of New York.—Professor S. H. Dickson, of the Medical College of South Carolina, Professor of Theory and Practice, vice Professor Revere, deceased.

College of Physicians and Surgeons of the city of New York.—Professor Alonzo Clark, of Pittsfield, Lecturer on Physiology and Pathology.

Medical College of South Carolina.—Dr. Bellinger, Professor of Surgery, in the place of Professor Geddings, transferred to the Chair of Practice, vice Dr. Dickson, resigned.

Philadelphia College of Medicine.—Henry Gibbons, M. D., Professor of Institutes and Practice of Medicine, vice Prof. Thomas D. Mitchell, resigned. D. P. Gardiner, M. D., Prof. of Chemistry, vice Professor Allen, resigned. Louis H. Beatty, M. D., Professor of Obstetrics.

Hampden Sidney College and University of Virginia.—Professor Cabell, whose appointment to the Chair of Surgery in Hampden Sidney College was recently announced, declines the appointment, and retains his connexion with the University of Virginia.

ANNUAL ANNOUNCEMENTS.

We have received the following Annual Announcements and Catalogues of Medical Colleges:

Annual Announcement of the Medical Department of Illinois College Jacksonville, Ill. Session of 1847–8.

This College has five professors. The lectures commence on the first Monday in November and continue four months. *Number of the last class*, 39; *of graduates*, 13.

Fifth Annual Announcement for 1847–48, *and Catalogue for* 1846–47, *of the Rush Medical College, Chicago, Ill.*

Rush Medical College has six Professors. The lectures commence on the first Monday of November, and continue *sixteen weeks.* Number of the class attending the last session, 70; of graduates, 16.

Catalogue of the officers and students of the Medical Department of Hampden Sidney College, in Richmond, Virginia. Session of 1846–47.

The Faculty consists of six Professors. The lectures commence on the first of November, and continue until the third week in March. Number of the class, 75; of graduates, 17.

Annual Circular and Catalogue of the Medical Department of the University of Buffalo.

Number of Professors, 7; of the class, 67; of graduates, 18.

The lectures commence on the last Wednesday in February, and continue sixteen weeks.

CORRECTION.

The last number of the Examiner contained an elaborate article on the principal antidotes or counter poisons, without the proper credit. It was translated by a young friend for the Examiner, from the *Annuaire de Thérapeutique* of Bouchardat, for 1847.

RECORD OF MEDICAL SCIENCE.

Ship Fever at the Bellevue Hospital.

To the EDITOR of the New York Journal of Medicine:

Dear Sir:—In compliance with your request, I send you the enclosed brief statement of my observations and experience at Bellevue Hospital, during the late prevalence of Ship Fever, in the midst of which I was appointed to the charge of the establishment, in May last.

Your readers are doubtless informed of the immense influx of pauper immigration into the port of New York, especially from Ireland, during the present year. Their impoverished condition by reason of the famine at home, had superinduced a morbid *predisposition*, which only needed an *exciting cause* to develope those functional disturbances, which characterize fever. Their circumstances on ship-board, being crowded together between decks, to an extent little short of that said to be resorted to in slavers; short of provisions, and even of water; without the possibility of cleanliness or ventilation; presented a combination of morbid agencies which could scarcely fail to generate not merely fever, but *pestilential fever*, in some malignant form. Amid such accumulated filth and wretchedness, it is not at all wonderful that such frightful reports of disease and death should herald almost every arrival; nor could it reasonably be expected otherwise, than that our hospitals and almshouses should be crowded with the sufferers, borne thither on landing, either already sick, or so deeply infected as to render escape from an attack of fever scarcely possible.

Such has accordingly been the fact, and to an extent which may be estimated from the following statistical items prepared from the best data found in the hospital.

From the 1st of January, 1847, to May 25th, this hospital was under the charge of my predecessor in office, who admitted during this period 769 cases, many of them direct from ship-board. Of these, as appears by the record, 306 were discharged cured—154 died, and 309 remained in the hospital under treatment, a large portion of whom were nearly moribund, when I assumed the charge as resident physician.

At that time, May 26th, 1847, there were over 800 patients in the house, 309 were suffering with ship-fever. Cases of the latter description were then admitted at the rate of 60 to 80 per day, so that within a week or two, notwithstanding deaths and discharges, the number had increased to 1147 in the hospital, over 600 of whom were ill with the ship-fever.

With this large number, being so much beyond the capacity of the hospital buildings to accommodate, and alike beyond the available re-

sources of the establishment, to furnish immediate supplies, very great suffering, and appalling mortality were unavoidable, until other and more extended facilities could be provided. The crowded state of the wards, which could not be adequately ventilated or even cleansed, had already resulted in developing an *endemic* atmosphere, for only in confined and impure air is this fever ever infectious. The proof that it had become so, was seen in the fact that a majority of the medical assistants had already sickened, and one of them had died. Many of the nurses were sick and some of them dead. Moreover, the adjacent alms-house building, with a population of 1500, began to give proof of having become infected, no less than 17 cases of the identical form of fever having occurred within 48 hours, some of which were rapidly fatal.

Under these appalling circumstances, 80 tents were pitched upon the adjacent green, and were immediately filled with the patients from crowded wards, which thus admitted of being whitewashed, cleansed and ventilated. A number of shanties in the yard were soon filled in like manner and for the same purpose. By these and the like extemporaneous devices, ample room was provided for the increasing number of patients, and a thorough purification of the apartments was attained. And here, as in other cases, it was soon demonstrated, that the patients who were removed into the open air immediately improved, and a very large portion of them soon recovered. The new cases were very generally placed in the tents, and my records show that over 200 cases were discharged cured from the tents, no one of whom had entered the walls of the hospital.

But to return to the statistics of the hospital. It appeared by the books that from May 25th to August 3d, 1847, there were admitted into the hospital 917 cases of ship-fever, which, added to those remaining in the house, makes the aggregate of cases treated within that period amount to 1226 during about ten weeks.

By a table, prepared August 3d, the following results are furnished, viz.:

Discharged cured,	724
Died,	193
Convalescent,	129
Remaining under treatment,	180
Whole number as above,	1226

From these respective data, the whole number of cases of ship-fever admitted into this hospital since Jan. 1st, 1847, has been 1995, of whom 347 have died, which latter number gives the aggregate mortality, down to Aug. 3d, the date to which the calculations have been made. It gives an appalling aspect to the fever, but furnishes no just criterion of the necessary fatality of the disease, nor of its want of amenability to judicious treatment; as appears from the fact that a very large proportion of the cases were brought in suffering under the profound coma which characterizes late periods of the disease, and still worse, very many were moribund when they reached

the hospital. No less than 17 died during one week, within four hours after admission, while four, during the same week, were dead before they could be carried to their beds. The folly and inhumanity of sending dying persons in a heavy carriage over the rough pavements, to so distant a hospital, must be painfully obvious, extinguishing, as it often does, the spark of life which remains, and which else might possibly be revivified.

The following extracts from the weekly reports since May 26th, 1847, though they include deaths from *all diseases*, may aid in arriving at the comparative mortality, before and after the cleansing and ventilation of the hospital, and the removal of hundreds of the sick for treatment into the open air; a measure resorted to in this instance from necessity, but found highly salutary and useful, especially in the management of ship-fever.

	No. of patients.	Deaths.
1st week,	1142	71
2d "	1020	59
3d "	956	35
4th "	985	39
5th "	981	41
6th "	956	38
7th "	937	30
8th "	947	31
9th "	868	25

During this period, the cases of ship-fever numbered about one half of all the diseases in the house; and differing but little from this ratio in the proportion of deaths, showing that the mortality, of late, is not greater than that resulting from other diseases. Since Aug. 3d, the cases of fever have been diminishing rapidly, and the whole mortality of the hospital has not exceeded 18 weekly. At present, Aug. 23, there are not more than 50 cases of the fever in the establishment, the most of these having been landed at Quebec, whence they have found their way to this city, and these less malignant and dangerous than those we have heretofore treated.

This subsidence of the fever, so that the discharges now exceed the admissions, has reduced the aggregate of patients below 700, so that the tents have now been emptied, and I find ample room for all in the wards of the hospital; while the comfortable state of these wards, and the encouraging condition of the sick, are sources of no small gratification.

In respect to the peculiar nature and specific character of this fever, the late period at which the patients generally reached the hospital, has precluded very accurate observations. Occasional opportunities, however, have occurred for watching its inception and progress in the persons who sickened on our premises. Many of these came hither from on ship-board apparently in health, but really in a state of morbid predisposition, though latent, which soon after developed itself in an attack of the fever, as well characterized as were the cases which had fully developed the disease on board of the same ships. While

others occurred among the assistant physicians, orderlies and nurses in the hospital, which were as well marked by pathognomic signs throughout their whole course; nor could they be discriminated in their symptoms, stages, or duration, from those direct from the ships. In the latter examples it is evident that the malady originated from the pestilential atmosphere generated within our walls, which was sufficiently potent at one time to become both the remote and the exciting cause, the same identical agency being sufficient to produce the predisposition, and afterwards develope the fever.

Nor is there the slightest foundation for the suspicion of any specific contagion in the case, as is seen in the fact that no new instances of the fever have occurred in the premises, since the cleansing, purification, and ventilation of the establishment has been effected; so that the rationale of the infection which was undoubtedly *endemic* here, and had become *epidemic* in the vicinity, must be obvious; and is precisely the same as that existing on ship-board in the instances of sickness and death which have become so lamentably notorious. The want of pure air, of wholesome food, and of pure water, are privations which by a physical necessity generate disease. In a crowded hospital, as well as in a crowded ship, filthy apartments, ill-ventilated wards, and the confined air resulting from such untoward circumstances, have from time immemorial been known to be such violations of hygenic laws, as will develope pestilential fever. All who inhale such an atmosphere for any length of time become sick, and each sufferer by the morbid exhalations from his skin and lungs, contributes to augment the infection, and increase the sources of danger to himself and others. Still worse, if amid such a crowd there be, as is too often the case, a neglect of personal cleanliness, and a failure to remove the morbid excretions, which, if allowed to remain, vastly add to the intensity of the atmospheric poison. Such are the precise circumstances under which, in certain latitudes and given temperatures, *ship*-fever, jail-fever, and *hospital*-fever have been generated and perpetuated. Such a pestilence may be manufactured to order; and may be arrested with equal facility by obeying the laws of hygeine, instead of violating them. So much for the contagiousness of the ship-fever. As to the figment of "contingent contagion," it is only contingent nonsense.

Those who have imagined that in this much dreaded "ship-fever," there has been any distinctive or specific character constituting it a new disease, or in any sense *sui generis*, must have had very limited opportunities for observing it. Nor is there anything in its pathology or treatment contradistinguishing it from the family of congestive fevers, of which it is a familiar variety, modified, however, by different causes, but always characterized by the same type. Indeed, this identical fever has been annually observed to greater or less extent on board ships, in our hospitals and in other crowded apartments of our city, inhabited by a degraded population; and it has often appeared in jails, prisons, etc., in various sections of our country.

The symptoms, course and type of the ship-fever here, have been

identical with those of that form of malignant disease denominated "Typhus Petechialis," modified in different examples by age, sex, temperament, habits of living, etc., but all bearing the impress of the same cause, proving their absolute identity in nature, though differing in degree. Always congestive, often inflammatory, and very frequently both the one and the other, constituting the mixed fever of modern writers.

In the example which came under our observation sufficiently early to allow of recording and discriminating its premonitions and development, there was found very great uniformity. The earliest and most prominent symptoms of an attack, have been sudden loss of strength, soon followed by a sense of overwhelming debility, while as yet there was no appreciable functional disturbance. A disinclination for food and an inability to sleep supervened, often with great rapidity. The tongue and eyes usually presented the first distinct morbid appearances, the former becoming coated and the latter red and watery, while no manifest febrile symptoms, properly so called, were discoverable. At this period a slight chilliness was often complained of, though not always cognizable. A full chill did occasionally occur, but it was but very seldom. Nausea was very often present, and in a few rare cases vomiting, with or without diarrhœa, seemed to designate the development of the fever. The skin remained dry, and slightly elevated in temperature, while the pulse indicated the presence of indirect debility, though differing in frequency very little from the natural standard for several days, when it usually became accelerated somewhat, and in bad cases soon fell below 70 in the minute.

The most constant characteristics of this fever were great apathy, and apparent indifference to life; sudden and continued deafness; a mental torpor which could not be roused to sensibility, and the absence of all pain, or at least of all complaining, except of weakness, which was universally present throughout the whole course of the disease. Petechiæ, though not invariably present, were very generally so, occasionally over the entire body, but more frequently upon the neck, chest, and abdomen, in which situations they usually were most visible and most numerous. In general, these appeared about the seventh day, but often earlier, sometimes on the third day; and I have seen them in great numbers as late as the seventeenth day of the disease, with and without sudamina, especially over the abdomen. The tongue presented very variable appearances, sometimes continuing white and thickly coated throughout, more frequently, however, becoming dry, brown, and even black, with occasional sordes, but the latter very rare, even in fatal cases. Delirium was very generally present after the seventh day, followed after a few days by coma, stertorous breathing, and subsultus tendinum, but these latter symptoms were not frequent.

In most of the cases, prior to the occurrence of delirium, a diarrhœa to greater or less extent was present, which was difficult to control by the usual remedies, when the excretions were biliary in their

character; while it readily yielded under other circumstances, to a single dose of castor oil and laudanum. When this diarrhœa ceased, either spontaneously or as the result of medication, if at the same time the skin was open, convalescence was usually rapid, and a favourable prognosis might be safely made.

Relapses were frequent, even after entire convalescence, but most generally the result of some error in diet. In these the worst cases were those in which diarrhœa recurred, or erysipelatous inflammation exhibited itself. The latter cases were numerous, and sometimes fatal. Extensive suppurations of the parotid and other glands were among the worst sequelæ, and these mischiefs were observed especially with the intemperate, who were so numerous as to greatly augment the mortality of the hospital.

In respect to the treatment of this fever, there could be but very little difference of opinion among practical men, in reference to the majority of those patients received into this hospital, arriving, as they very generally did, in the later periods of the disease. So plainly was blood-letting contra-indicated, that, with the exception of a single instance, it was never resorted to by myself or assistants, nor was it even proposed by any of my medical friends who visited us, after inspecting the patients. Cupping was used in a few examples for the relief of local complications, and then always with advantage. But in general the aspect of the case forbade any depletory measures, or other active treatment. Even a single drastic purge was inadmissible, nor could it be given with impunity.

The successful means adopted by us may be thus detailed. A mild laxative was prescribed, if necessary, in the beginning, after which a dose of the Sp. Mindereri, with or without a grain of Ipecacuana, was given every hour or two, according to the urgency of symptoms, and this course steadily pursued until free perspiration was induced. Meanwhile nutritious drinks were used, such as oat-meal gruel, rice or barley water, arrow root and milk, beef tea, and the like. Ice and iced water were freely used, and when much heat was present, the head, neck, and body were sponged with ice water. Mustard plasters and blisters were used when diarrhœa or delirium supervened, or any indications were present of local lesions, or increased debility. So soon as any flagging of the pulse appeared, milk punch, wine whey, or brandy and ammonia were resorted to, and continued so long as stimulation was called for. These latter agencies had to be used to a very great extent in many cases, and with the best results.

Such was the general course of treatment, modified as circumstances demanded. When the diarrhœa became threatening, injections of nitrate of silver, a drachm to the pint, were found of great value. Dysenteric symptoms were arrested by calomel, opium, and ipecacuana, with injections of iced water. Erysipelatous complications were treated chiefly with quinine, and mercurial ointment, and occasionally by blisters and nitrate of silver. And so of local lesions, which but rarely occurred, the principles of rational medicine being our guide. The limits assigned me forbid greater particularity or amplification.

The pathological results of this fever, as shown by dissection, will soon be given to the profession in the forthcoming report of the Committee of the New York Academy of Medicine, from the notes of our excellent friend, Dr. Sabine, who, as one of the committee, has been pursuing that branch of inquiry. I may be pardoned, therefore, for the present, in only indicating what will then appear, viz.: that effusion in the ventricles of the brain was discoverable in almost every fatal case, and this for weeks together, while the autopsies were daily made. The absence of the intestinal ulcerations, which characterize the Dothinenteritis of the French writers, proved that our endemic, at least, has been called Typhoid fever by a misnomer, while the cerebral mischiefs so constantly observed, identify this fever with the other varieties of Typhus fever, being the petechial species of the genus; its malignity and danger having been the result of causes already indicated as accompanying its origin and prevalence.

Should this desultory letter serve your present purpose, written as it has been amid pressing avocations here, you may shortly hear from me again on the same topic, when more leisure shall be allowed me. For any measure of success which has accompanied my exertions in this hospital, I am greatly indebted to the diligence and toil of my assistants, Drs. O'Neil, Wendel, Mott, and Davis, who, with myself, providentially escaped the disease, while all the rest were visited by one or more attacks of fever. I am likewise under many obligations to Dr. F. Campbell Stewart, and Dr. A. V. Stout, who, at the most critical period, volunteered their valuable services and spent weeks with me in the hospital. Many others of my professional brethren, by their frequent visits, their counsel and sympathy in the trying duties to which I have been called, might be worthily mentioned, for all are gratefully remembered. Happily, none of my medical assistants fell victims to the fever, though eight of them were sick, and some of them suffered severe and dangerous attacks. In their treatment, Drs. Chalmers, Cheesman, Johnson, and others of the profession, rendered unremitting and valuable aid. You will forgive me for thus alluding incidentally and gratefully to these "friends in need," though writing for a Medical Journal, for I should do violence to the impulses of my heart, should I refrain. Their kind offices merit a better memorial, and serve to make us prouder of our noble profession.

With great respect, I remain,

Your obedient servant,

D. M. REESE, Resident Physician.

Prof. C. A. Lee, M. D.

Aug. 28th, 1847.

A Case of Vesico-Vaginal Fistula remedied by Caustic. By Elan W. Harris, M. D., of Elm Wood, Cape Girardeau county, Mo.—Mrs. C., a married lady, aged 30 years, presented herself to me early in February last, laboring under the unfortunate, painful, and disgusting infirmity of vesico-vaginal fistula. Her garments were constantly wet; the vaginal cavity, labia and thighs bathed with urine,

in an erysipelatous condition, and exquisitely tender. The complaint had existed for five years, and occurred seven or eight days after a tedious first labor, and violently severe manipulations of her midwife. In addition to the soreness caused by the irritation of the urine, she suffered violent pain in the bladder, which often prevented sleep whole nights; she sometimes passed urine the natural way for a day or two at a time, but always with great pain, and if, during her monthly periods, the urine is discharged through the urethra it is mixed with the catamenial fluid, just as it is when the urine passes through the fistula and vagina.

The parts being too sore to attempt any exploration, recumbency, aperients, fomentation, and tepid lotions were enjoined. In a few days, her condition being much improved, the finger was introduced into the vagina, the walls of which felt hard and irregular, presenting to the finger the sensation of cicatrices. No os tincæ or neck of the womb could be felt. The vaginal speculum was now carefully inserted into the vagina, which terminated in a round sack-like cavity without anything like the neck of a womb projecting into it. Instead of an os tincæ, a small opening was found large enough to admit a silver probe which entered the uterus; about three quarters of an inch from this aperture, in the anterior wall of the vagina, was found an oblique fistulous opening into the bladder (five lines in extent), through which the urine could be seen flowing. The bladder was then sounded, and I soon convinced myself of the existence of a calculus. The patient was informed that the only relief that could be afforded was by extracting the stone, and that there was barely a hope that the fistula might be healed, and thereby relief obtained from the troublesome and disgusting incontinence. She replied that she would willingly submit to *any* operation rather than remain in her miserable condition.

On the second day after the examination, a long delicate pair of forceps was introduced through the meatus urinarius, with a bistoury at hand to make the proper incision if found to be necessary for the extraction of the stone. By gently and gradually opening the chaps of the forceps, the urethra was sufficiently dilated in about twelve minutes, (with very little pain), to enable me to take hold of the stone. In endeavoring to get a firm grasp, this was crushed to pieces, which I considered a fortunate occurrence; the fragments were removed with the forceps and syringe, at a sitting of a few minutes each day for five days, when no more could be found. Some of the particles passed through the fistula and were washed out of the vagina with a syringe. I weighed four drachms and six grains of gravel saved, and there was fully as much lost. No unpleasant symptom occurred, and she was permitted to walk about, expressing great gratification on account of freedom from pain.

The incontinence was still annoying, and on the sixth day after the removal of the last of the gravel, the speculum was again introduced, and a piece of solid lunar caustic made fast by a thread in the same forceps used for extracting the stone, was carried up through

the speculum into the vesico-vaginal opening, and rubbed on the edges and angle of the wound, until they were completely cauterized. A tube was firmly fixed in the bladder to conduct the urine into a vessel placed below, and emollient injections daily used. On the third day there was tenderness and pain in the pelvic region, fever and bilious vomiting. The catheter was removed, and by the use of the lancet, an emetic, and fomentations, those symptoms were relieved. The catheter was then replaced and not removed until the eighth day, when to my great satisfaction it was found that she could retain the urine and pass it per vias naturales.

Thus has a cure been obtained of a loathsome malady, which at a time still not very remote was supposed to be beyond the resources of art.

I saw Mrs. C., yesterday, and she informed me that she had menstruated three times since the operation without difficulty or pain, but that the menstrual fluid passes from the bladder mingled with the urine, showing, I think, the existence of utero-vesical fistula. Fears are entertained that particles of the menstrual fluid retained in the bladder may form the nucleus of another stone. The woman, however, is contented and happy.—*Western Journal of Medicine and Surgery.*

A Case of Delirium Tremens induced by the inordinate Use of Tobacco. By Wm. A. Gordon, M. D., of Harrisburg, Mo.—Last spring, while on a visit to my relations in the southern part of Kentucky, I met with the following case of delirium tremens. The patient, aged 71 years, had been smoking tobacco to great excess for a number of years. At length, a short time before I saw him, he resolved to abandon the use of it altogether. The day on which he formed this resolution he smoked, in quick succession, nine cigars, which was followed by considerable nausea and giddiness for three days. These symptoms then passed off and his health for a short time seemed better than usual; but after this brief interval he fell into a lethargic state from which he was with difficulty aroused. This condition was succeeded by the symptoms of a true delirium tremens. He was wakeful, agitated, talkative, and alarmed at imaginary objects around his bed. His pulse was about 85 a minute, full but soft; countenance dejected with a wild confused look; skin cold and moist; bowels constipated; tongue moist and slightly coated.

I am not able to report the termination of this singular case, as I left the neighborhood soon after I saw the patient, but as having a physiological interest, I will mention two phenomena which were reported to me in connexion with it.

1st. The patient previous to this attack had been hard of hearing. While laboring under it his hearing became excellent.

2d. He had also labored under some difficulty of speech, for a number of years, owing to what seemed a partial paralysis of the tongue. When the derangement of the cerebral system came on, he

recovered the use of his tongue and was able to speak distinctly and rapidly.—*Ibid.*

Temperature of the Kenhawa Salt Wells.—It has been frequently stated, that the salt wells of Kenhawa do not conform to the law of increasing temperature with descent towards the interior of the earth. A correspondent made a series of observations on this point a few months since, and the result is that the water of those wells is several degrees warmer than that of the springs in the neighborhood. For example, he found the temperature of some of the deepest wells 63 degrees, while the mean temperature of several springs around was 48. The depth of the deepest well was 900 feet.—*Ibid.*

Regulations in the Indiana Medical College.—By the by-laws of this institution, candidates after having passed a satisfactory examination, are required to publicly assent to the following promise before the degree is conferred: "You do solemnly promise that you will, to the utmost of your abilities, exert your influence for promoting the welfare and respectability of the profession: That you will demean yourselves honorably in the practice thereof: That you will not put forth any nostrum or secret method of cure, and that you will not publish any matter or thing derogatory of the profession."—*Western Lancet.*

Remarks on Scurvy as observed in Cumberland, and the Southern parts of Scotland. By Henry Lonsdale, M. D., F. R. C. P. Ed., Physician to the Cumberland Infirmary, &c., &c.

The history of scurvy, interesting to the physician and no less gratifying to the philanthropist, is often cited to show the advantage of well-directed hygiene, and the superiority of modern medicines over that of less favoured times. Though very few practitioners of the present day have seen scurvy, all seem pretty nearly agreed that the disease has its origin in the absence of fresh vegetables, and that a restoration to these, or the free use of fruits of the genus *citrus* of the *aurantiaceæ*, will speedily establish health in scorbutic patients. As medicine is a progressive art, and men are now taught the advantage of viewing things in a broader light, it need not surprise us to see dogmas set aside, and principles, apparently well established, called in question by a wider and more searching philosophy. Much praise is due those who set themselves the noble task of observing disease *de novo;* even when, as in scurvy, history to all appearance had completed its task. I am led to these remarks from a perusal of the opinions published in the last number of this Journal by my esteemed friend and preceptor, Professor Christison, who, not content with the views of approved authors on the subject of scurvy, has attempted a further generalization, or at least introduced some novel and curious facts bearing significantly on any discussion which may hereafter be entered upon in relation to this disease.

During the past winter, and more especially about the beginning

of the present year, I frequently observed amongst the out-patients of the Cumberland Infirmary, and occasionally in those of better circumstances in respect to food and clothing, a deteriorated condition of the system with no very specific, or localizable disease. The parties presented an unhealthy complexion, and complained of great languor, listlessness, and debility, irregular dyspeptic symptoms, diarrhœa, and more frequently dysentery. The legs were sometimes swollen, œdematous and painful, and the most trifling sores were slow to heal. Rheumatic pains were common, and in women of less robust habit menorrhagia was not unfrequent. These and other ailments became associated in my mind with what the older authors would have termed a "cachectic condition."*

Depletives of all kinds could not be borne; tonic medicines on the other hand were in great request, and fulfilled the best indications. On conversing with Mr. Thomas, our active house surgeon, on the prevalence of disease and its peculiarities, during the month of March, he expressed his doubts as to the character of a few cases where the parties complained of contusions, sprained ankles, &c., and gave me reason to apprehend that scurvy had shown itself amongst the applicants for *surgical* relief. At that time I had not seen scurvy, nor did any come under my notice till the 20th of April, when a girl of 18 years of age applied as an out-patient. Three days subsequently, two railway labourers were brought to the infirmary from the "Summit Huts" on the Caledonian Railway, a distance of nearly fifty miles. One of these men, aged forty-three years, rapidly fell a victim to the disease. I abbreviate the house surgeon's report of the case.

His face is swollen—lips livid—ecchymosis about the right eye. Such was his difficulty of breathing, that when carried from the conveyance into the Infirmary, he could not walk above two or three steps. The sounds of the heart were feeble, and a short bruit accompanied the diastole: respiratory sounds, healthy on the anterior and lateral parts of chest, but inaudible behind. This man, who gave but an imperfect account of himself, said he had been able to work until about a fortnight ago, when his illness commenced with difficult breathing and swelled legs. After being placed in bed his breathing became more and more embarrassed, and he died six hours after admission.

A *post-mortem* examination of the body, eighteen hours after death, shewed effused blood in the muscles of the abdomen, and along the course of the veins at the lower part of the neck: there were also

*It may be well to mention here, that disease has been much more common than usual amongst cattle in the neighbourhood of Carlisle, and, as in the human subject, much less amenable to treatment. Veterinarians have not been able to specify the nature of the epidemic, beyond mentioning the great frequency of *Pleuropneumonia*. As far as I can learn, the "bleeding plan" which ought to obviate pneumonic disease is losing credit, and not a few of the sensible class of farmers, seeing the fallability of the art, eschew physic entirely, and commit their animals to the more tender mercies of nature. It seems pretty certain, however, that the cause of disease amongst the brute creation is not as yet traced to any error in food, whilst the prevailing opinion is in favour of atmospheric influence aiding, if not originating morbid action.

patches of ecchymoses over the convexity of the transverse colon; but these and incipient granular degeneration of the kidneys were the only morbid appearances. The state of the gums and the knee-joints, and a more detailed history from his companion, proved his disease to have been scurvy. The long journey and great exertion were more than his debilitated system could bear up against,—hence the suddenly fatal termination.

My attention was now fully awakened to the subject, and the continual accession of cases from the Caledonian Railway, and out-door applicants in the persons of laborers, shoemakers, weavers, factory-girls, &c., afforded ample scope for investigating the disease in all its relations. I was fortunate also to secure the co-operation of medical friends in the neighbouring towns and rural districts, only two of whom had seen scurvy previously, and some of them naturally had their doubts as to the supervention of a disease which ranked rather amongst "the things that were," in the eyes of landsmen.

So much has been written on the history of scurvy, that I do not feel myself justified in doing more than state that the symptoms presented the true features of Scorbutus, or Sea-Scurvy, such as have been already given in the June number of this journal, p. 878. As worthy of notice I may mention, that hemorrhage was common from the gums. Epistaxes was less frequent. In two cases blood was passed *per anum*, and in one case, but only in trifling quantity, from the bladder. A tendency to menorrhagia was also observed. The stiffness of the joints completely disabled a large number from walking, whilst pains in the joints were at times unusually severe. The embarrassed breathing on the slightest exertion does not seem to have been so particularly noticed on the present epidemic. It was well marked in the severe cases which came under my observation, and to show how rapidly it was induced, a patient in bed attempting to lay hold of an object rather beyond his reach, had a fit of difficult breathing, which lasted an hour and a half. There was nothing abnormal in the respiratory sounds in any of the cases. The urine occasionally showed uric acid. It was difficult to say whether the gums or limbs were first affected.

These remarks are meant to embrace a general survey of what has been observed of scurvy, in a district presenting very varied circumstances in reference to the locality and dwellings, no less than the occupation and living of the individuals affected. What can present a greater contrast in the artizanship of life than the hand-loom weaver of pallid complexion and slender frame, worried with a large family, ill-fed and worse clothed, following his trade in low confined apartments, often in close proximity to noxious animal effluvia, and the railway-labourer, active, athletic, iron-framed, generally without a wedded charge, and the "little responsibilities," well fed, and warmly clothed, and with his avocations inhaling the "incense-breathing morn?" These men may be almost viewed in the light of antipodes to each other in this life of labour; yet they appear to suffer equally from

any infringment of that law which points out variety of food as essential to the maintenance of healthy action in the human economy.

To make these remarks as concise as possible, it seems advisable to arrange in different groups the persons affected, treating of the prominent facts in each group, *e. g.* the habits and food previous to the attack, the duration of the disease, and the result of medicinal agents employed in the treatment.

It is by no means an easy matter to arrive at correct data regarding the exact quantity of food used by any class of people, whilst those who depend upon manual labour for their subsistence, will naturally in periods of scarcity be obliged to make the kind and quality subservient to their means.

In Carlisle and its immediate vicinity, the persons chiefly afflicted were weavers, and their wives and daughters, working in the factories, shoemakers, and comparatively few of any other class of artizans. They lived in inferior dwellings, complained of the severity of the winter, want of clothing, and short allowances of food. Bread, oatmeal, treacle in very small quantities, tea and coffee with an occasional herring, formed their entire food. None had tasted potatoes after the harvest of 1846, or for a period of seven or more months, excepting one who remembered Christmas day, from the fact of potatoes forming his principal meal on that festival of the Catholic Church.* The bread was variable in quantity, but never exceeded the demands of the appetite,—in short their food was deficient in quantity, miserably so in variety, and altogether incompatible with the maintenance of vigorous health and strength. Few had made use of milk to any extent, even in the most favourable circumstances for obtaining it, whilst the majority said they had no liking for milk, or that it did not suit them. I was particularly careful in my inquiries on this subject, and from my knowledge of the kind of diet generally adopted by this class of people, the information obtained did not appear remarkable. The lower classes here do not sufficiently appreciate the value of milk, viewing it rather in the light of a drink or vehicle for solid food, and therefore too expensive, except in the rearing of children. On being closely questioned as to the cause of their ailments, not a few adduced a "different living," the want of animal food, but the most striking circumstances in their diet was the want of potatoes, which had been the staple food at dinner, and often at supper. The deficient supply of this esculent had been manifest for two years previous, but never entirely failed till the last season. It therefore became less a matter of surprise that the more intelligent of our patients attributed their unhealthy state to a deficiency of the potato crop. Before offering any decided opinion on this subject, let me remark, that women debilitated with suckling, or of a menorrhagic tendency,—people of

*St. Jerome and the early Fathers might have anathematized the person guilty of such gastronomical remembrance of a holy festivity; in our days, however, the "dignitaries of the Church" appreciate too highly the

"Fair round belly with good capon lined,"

to interfere with the *stomachic* privileges of her majesty's lieges.

both sexes suffering from sores and burns, or who had taken two or three doses of mercury, or laboured under disease which enfeebled the constitution, seemed peculiarly liable to the inroads of scorbutus. Whatever lessened the vital power, developed or hastened on the disease.

This cannot be said of the railway excavators, who in general lived on beef or mutton, salt bacon, suet puddings, bread and butter, oatmeal porridge and treacle, tea and coffee, and occasionally potations of ale or beer. The exact quantities devoured by these muscular fellows could not be ascertained, but that there was no deficiency of the food used is pretty evident from their repeated statements. A personal inspection* of their breakfast and dinner tables enabled me to verify these statements. They assured me that they often consumed a pound of beef at a meal.

The barren mountainous country through which the Caledonian Railway passes for a long distance, precludes the purchase of milk during any part of the year, whilst in the more cultivated districts from Lockerbie southwards, the supply is so scanty that it can hardly be viewed as forming part of the dietary of the excavators.

On questioning these men as to their fondness for, or use of milk, during periods antecedent to their being engaged on this line, I learned that none had been in the habit of using it for the last five years, or so rarely as not to be noticed in any inquiry *quoad* their food. A majority of these excavators were Englishmen belonging to the northern counties. As they constituted a large body of men foreign to the district in which they carried on their labours, the farmers did not consider it politic to increase their stock of cows for a temporary purpose, moreover the rural population were generally intimidated by the outrageous behaviour of these workmen, and did not solicit their favours. Taking these circumstances into consideration, it is reasonable to infer that the quantity of milk consumed by these people was of very small amount. The replies elicited by my repeated questioning confirmed the above view ; and the report of Dr. Smith and Mr. Cockburn, of Moffat, is to the same effect. Mr. C. writes, "few of those affected have been in the habit of using milk."

In the most southern part of Dumfriesshire, the Gretna district, scurvy has been very prevalent since January ; indeed, I believe that

*I visited the numerous huts from Moffat to the " summit" on Sunday the 2d May, along with Messrs. Thomas and Cockburn. In a great number of the huts we saw the men breakfasting on beefsteaks or mutton chops and bread. The dinner comprised bread, boiled beef, or bacon, pea soup or broth, and suet puddings containing currants. The animal food was taken in large quantities, though the men had not had the benefit of labour or exercise (owing to the day and the heavy rains,) to improve the appetite. I occasionally found the bread stale, and the butter rancid ; the "tommy shops" were heavily complained of. The uncooked beef and mutton seemed good, perhaps less fat than usual. The sleeping apartments were much too small, ceilings low, and ventilation imperfect.

The site of the huts was not well chosen, either they were too near the "Avon stream," or on mossy wet soil. In the last mentioned sites, fever made greatest ravages.

here it showed itself sooner than in any part of the wide locality referred to in these remarks. Here the farms are large, and agriculture is conducted with great skill. The land is not much above the level of the high-water mark of the Solway Firth, as it runs up the "Kirtle" and "Sark" rivers. The villages of Gretna, Springfield, and the Rigg of Gretna, are closed to the English borders, and consist of a few straggling houses, inhabited mainly by weavers and field labourers.

In this, as in all rural districts, the farm-servants and cottars have milk twice a day at least, but the other division of the labouring population, the artisans and families, are not favoured with milk beyond the summer and autumnal months; the rest of the year they use treacle-beer to their porridge. In this district, through the kindness of Mr. Carruthers, surgeon, I had the opportunity of observing well-marked cases in both sexes, in cottars who were in the habit of taking milk daily, to the extent of from 10 to 32 ounces; and in artizans, who were obliged to use treacle-beer in lieu of milk for eight months in the year. Mr. Carruthers informed me that potatoes have always formed a staple article of food in this district, comparative little animal food being used, fresh fish and salt bacon occasionally. Oatmeal in various forms is daily consumed. During three winters the potato crop has been failing, but the supply was never entirely cut off till last autumn and winter. In the case of milk there had been no manifest deficiency. Here then, in the Gretna district, a number of people, pretty nearly 100 in all, who, in respect to locality, dwellings, and labour, were the same in 1846-7 that they had been for years previously; but being deprived of that which had long occupied a prominent position in their diet, namely the potatoes, could no longer withstand that breaking down of the constitution which terminated in scurvy. Had the artizan classes been alone affected they would have afforded a strong confirmation of the opinion so ably advocated by Christison; but the fact of many of the agricultural class, who were daily in the habit of using milk, being equally diseased, makes the cause, if an error of diet, (and there is no other apparent cause,) to rest with the potatoes. The following cases may be cited as additional instances to those recorded above. A gentleman of middle age, highly distinguished for his agricultural attainments, who had not used milk for more than twenty years, became afraid, in September last, of eating potatoes, of which esculent he was formerly fond, lest it should induce disease, and suddenly attached himself to cocoa, arrow-root, and other farinacious food,—the quantity in all being deficient for the healthy standard. In April 1847 scorbutic symptoms appeared, and I prescribed for him oranges, beef tea, and a more liberal allowance of food generally. He was restored to health in a fortnight. A clergman in the same vicinity was also afraid of using the potatoes last autumn. His living in other respects was the same as in other years. He became scorbutic about the latter end of April last.

A sailor in the light-ship off Maryport, on the west coast, placed

himself under my care in May. He had not tasted fresh vegetables for more than eight months. In other respects his food was the same last year as it had been for four years previously, during which period he had been a strong healthy person.

An agricultural labourer who abandoned potatoes entirely in August, 1846, continuing his small quantities of milk, and the saccharo-farinaceous food so often alluded to, became so severely affected with scurvy, that he could not be raised to be shaved without fainting; his death was daily expected. Can anything be more striking than these cases, exhibiting the cause of the disease?

Dr. John Graham, of Brampton, nine miles east from Carlisle, reports of his cases of scurvy, "the most general fact respecting the diet is the total want of potatoes and fresh vegetables—then comes the total absence of fresh animal food—salt herrings and bacon being the only substitute for it." Again he says, "It appears that the patients, all of whom were paupers, had in former years had potatoes, and though not accustomed to much milk, the quantity not exceeding three or four ounces daily, had generally more than during last season." In a third of Dr. G.'s cases no milk had been taken for two or more years.

Dr. George Mein describes the food of the scorbutics in Cannobie, a rural district near the English borders, as consisting of tea, coffee, porridge, bread and butter, no meat and no vegetables. The frost had spoiled the turnips and cabbages. Milk he reports to be "scarce every winter in Cannobie." Dr. Weir, an old practitioner in the district, does not think the supply of milk differed at all from ordinary years, and attributes the cause of scurvy to the want of the potato and other fresh vegetables.

Dr. Bogie of Annan, Dumfriesshire, has seen between 90 and 100 cases amongst the pauper class, and railway excavators on the Nithsdale Railway. He had previously seen the disease on board of ships. In reference to the present epidemic, he informs me that he "could trace no connexion between milk and the disease." A number, but the proportion he could not specify, made use of milk in the summer months. The food appears to have been very similar to that recorded above, namely, saccharo-farinaceous; the absence of potatoes and fresh vegetables being very prominent. Dr. Bogie describes the pulse as very languid, and "never emptying itself," and that mercury with chalk improved the pulse by relieving the hepatic circulation and producing bilious stools. Contrary to the experience of writers, he found the physiological action of the mercury necessary, in some cases, where nutritious food, and his favourite remedy,—salicin (10 or 12 grains daily,)—had failed in their ordinary beneficial effects in this disease.

The average duration of the disease under salicin and nutritious diet was rather more than a month.

Dr. Walker of Annan had treated a dozen cases. He attributes the disease to the want of potatoes and fresh vegetables.

My highly esteemed friend, Dr. Dickinson, who has had more ex-

perience of scurvy than any one in Cumberland, reports that the disease had not shown itself in Workington (a seaport town of 7000 inhabitants on the west coast,) and assigns as a reason, "that vegetable food was more abundant there than in many situations, particularly turnips, of which large quantities were used."

A few days ago, my talented friend, Dr. Browne, Crichton Institution, Dumfries, told me in conversation, that he had scorbutic cases generally every spring, and that during the present season the disease had been much more common, in all probability, from the want of fresh vegetables, as the parties were not without a fair supply of milk. Dr. Grieve, who joined us in conversation, could not trace any connexion between milk and the disease in his abundant experience of scurvy as now prevailing in Dumfries. Both gentlemen agree as to the absence of potatoes being the chief cause, whilst they were inclined to attribute something to atmospheric or other influences which a more extended experience may unravel.

Though the diet of the scorbutics under my care has been fully considered, it is right to state, in reference to Carlisle and its vicinity, that milk was not quite so abundant amongst the poor in the early part of winter, owing not so much to the diminution of supply occasioned by diseased cattle, or lack of fodder, as the fact of provisions generally being almost double the price of ordinary years, thus compelling the adoption of weak tea and coffee. In former years, for instance 1842–3, &c., the "murrain" was common, and milk was then more scarce, and abandoned by many lest it should induce the same disease in the human system,* yet there was no approach to scurvy during that scarcity of milk. It is, indeed, a striking fact, as an intelligent medical friend writes, "that of all the years under the sun, that marked by a dearth of potatoes should be chosen for the advent of scurvy," and, I may add, amongst a class hitherto considered exempt from its attacks. Whilst this clearly points out something else than the want of milk as the *origo mali* of the present epidemic, I am in no wise doubtful, but a copious supply of this bland nourishment would be, in many cases, a useful antiscorbutic, owing to its possessing *per se* those proximate principles proved by Prout, and others, so essential to nutrition.† And I can fully comprehend its great services in turning the tide in favour of health, when a previous diet had been

*It deserves remark, that the poor are always more prejudiced against doubtful articles of diet than those in more easy circumstances. The cry against "murrain milk" was strong during the period. During the present spring it required great and persevering efforts to persuade the starving hundreds to adopt the use of rice, hominy and other substitutes for potatoes.

†There must be *something* in the potatoes; they enable Irishmen to do a great amount of work. Paddy pays us an annual visit in the harvest, and prefers a "potful o' praties" to the best roast beef which we can set before him. Butter-milk is very well in its way, but we dont churn butter every day of the week. Don't boil the potato to affect the centre much, and Pat will tell you that the "hard mate" and a pickle of salt, "barring the milk," will do "rite well."

Let chemists look to this. The "heart of a potato" may make an English Liebig of some enterprising fellow.

faulty, either in variety, as seen at Perth, or quantity, as too often met with during last season.

Treatment.—I have already spoken of the severity of the cases under my care in the Infirmary, and may further add that not one of them was able to chew animal food, or even soft bread, in addition to their being incapacitated from walking from one room to another. Their appetites were good. They were ordered a pint of beef-tea, a pint of porter, 12 oz. of bread, and the same quantity of milk *per diem*, also ʒi or ʒij of citric acid and lemon-juice with 4 oz. of infusion of gentian and water as an acid drink. They soaked the bread in the beef-tea, and relished the bitter infusion and acid drink amazingly. The worst cases had two oranges daily. Nothing in medicine has delighted me so much as witnessing the happy effects of this plan of treatment. Four excavators were placed in a ward by themselves, labouring under scurvy in the most severe form. On the third day after admission, these fellows began to speak in a cheerful tone. Hemorrhage from the gums had ceased, the joints were less painful and less swollen, and no fresh ecchymoses had shown themselves. On the sixth day, the gums enabled them to chew, and other ameliorations had gone on *pari passu* with the gums. On the ninth day they were all sitting up, and enabled to walk along the room; and on the 12th they became useful in cleaning the walks; and on the 14th day, presented themselves to the committee of the institution, and returned thanks for what one of them, the spokesman of the party, chose to call "a miracle effected on them." The weavers did not make such great progress under the same treatment:—from 20 to 26 days being required to effect a cure in them. The excavator, who accompanied the fatal case, remained in the house 40 days. His diet had been no better than the poorest of our scorbutics, and he was not of the most healthy character.

The average duration of the out-patients to whom an abundant supply of the citric acid and gentian mixture was given, and who dieted as they best could of fresh vegetables, was about 25 days. The smallest alteration of diet had a wonderful influence in checking the disease, so that I am not surprised at the accounts given by Lind, of a "few pickled cabbages now and then" affording immunity from the disease. Those who obtained oranges advanced most rapidly. So much was I convinced of the value of oranges, that on being called to an excavator who had lost more than three pints of blood by epistaxis in less than three hours, and was reduced to extreme weakness both in body and mind, I prescribed oranges *ad libitum*. He was badly nursed, and got weak broth, and little farinaceous food, but his recovery was complete within the twenty days. A woman less severely affected than the majority, was cured with a shilling's worth, about 15 oranges! The lightship sailor who came to me on crutches got well on oranges in 14 days. The agricultural labourer, who could not have his head raised without fainting, was cured with oranges and porter, and citric acid, small quantities of each, in about 15 days.

He was "the miracle" of the district in which he lived, as his friends had given him up for lost.

In the list of treatment adopted by others, I see the mineral and vegetable acids, bark, wine, beef-tea, milk, occasional purgatives and diaphoretics, oranges, potatoes, &c. It is often noted by my obliging friends that the scorbutics only had a few potatoes, or fresh vegetables, or milk, and soon rallied; even a good supply of nettle broth or beer cured slight cases; again and again showing that the slightest change of diet or drink was beneficial, and that in proportion to the nutritious quantity of the food along with variety, was the rapidity of the cure.

As vegetables became plentiful, scurvy disappeared from amongst us. I do not hear of fresh cases anywhere in Cumberland at this date (July 9th.)

Conclusion.—On weighing all the circumstances related above, I am led to make the following inferences. 1. That as the vegetable world became more or less blighted, man in common with the higher class of animals suffered, from causes not well understood, but apparently of an epidemic nature, which have deteriorated his condition, and made him the more ready victim to scurvy, fever, &c. 2. That scurvy originates from an error of diet as generally believed,—the occupation, dwellings, &c., sometimes viewed as collateral causes having little or no influence. 3. That a deficiency of potatoes constitutes the chief error of diet, and is the main cause of the present epidemic, whilst the absence of variety and deficient quantity of food hastened the development of scurvy. 4. That the use of milk, as might be anticipated from its proximate principles, lessened the liability to scurvy, but did not prevent its occurrence:—its powers in correcting a monotonous diet have been acknowledged in the list of remedial agents.

P. S.—The present epidemic of scurvy contains a warning, which concerns the government, the profession, and the public. Let us hope that it will not be lost sight of.—*Monthly Journal of Med Sci.*

Functions of the Spinal Cord.—Some curious results have been afforded by an ingenious set of experiments performed by M. Brown-Séquard for ascertaining the degree of motor power left in the spinal cord after separation from the brain, compared with the power which can be exerted while its connection with the brain is left uninjured. The process which he employed for ascertaining this consisted in suspending from the extremity of one of the posterior limbs of a frog a light weight, sufficient to keep the limb stretched; and then pinching one of the toes, whereupon flexion of the limb with its attached weight was excited. By increasing the suspended weight until it amounted to more than the animal by its attempts at flexion of the limb could move, a tolerable correct estimate might be formed of the degree of voluntary motor power the frog was capable of exerting. Having determined this, he divided the spinal cord below the origin of the second pair of nerves, and then observed the effect which such division had on the motor power of the limb. Immediately after the division, he finds that sometimes the motor power is

for the time quite lost, although there generally remains about one-quarter or one-third of what there was before the operation; at other times there is left about one half, or even, though very rarely, as much as two-thirds. A frog, for example, which before the operation could raise a weight amounting to 60 grammes, would not be able immediately after it, to raise any weight at all, or one amounting to 10, 20, 30, or 40 grammes, but not so much as 60 grammes. In five minutes after the operation the motor power is sensibly increased, and usually amounts to one-third, one half, or even two thirds of its original amount. In fifteen minutes it has increased still more; and in from twenty to twenty-five minutes generally amounts to what it was before the operation. In an hour after the operation its original amount is sometimes doubled, and in two or three hours it is often trebled. Arrived at this degree, the motor power appears to cease from further increase, though sometimes it does not attain this, which may be regarded as its maximum, until twenty-four hours after the operation; and sometimes it is two or three days in attaining it: but in all such cases, the increase is very slow after the first few hours succeeding the operation. When once attained, the maximum motor force remains stationary for five, ten, fifteen, or twenty days, and then gradually diminishes. If the frog survives the operation for some months, the motor force is reduced lower than it was before the operation. But probably if the animals were nourished, and if movements of the hind limbs were frequently excited, this diminution would not take place,—or, at any rate, not to so great an extent.—*London Med. Gaz., from Comptes Rendus.*

Asiatic Cholera.—The Indian mail, just arrived, announces, in letters from Dinapore, that the cholera was ravaging her Majesty's 98th Regiment; 64 persons died in the month of May; there were 170 in the hospital daily. According to recent intelligence, published in the Gazette of Augsburg, the Asiatic cholera was still prevailing at Tiflis, where it has occasioned many deaths.—*Ibid.*

Fulminating Mannite.—That peculiar kind of sugar which is obtained from manna, and which gives the sweet flavor to celery and asparagus, has been lately converted by M. Sobrero into a highly fulminating compound. Although the process is not published, there is no doubt that, like fulminating cotton, the conversion is effected by the agency of sulphuric and nitric acids. It detonates by percussion as violently as fulminating mercury, and produces, during explosion, sufficient heat to ignite gunpowder. M. Sobrero has employed it as a substitute for fulminating mercury in percussion-caps. He found that a small quantity of mannite, crystallized from alcohol, and thus employed, discharged a gun as effectually as if fulminating mercury had been used. Further experiments are, however, required to show whether the mannite can be safely and economically substituted for mercury in the manufacture of percussion-caps.—*Ibid.*

A Preservative against Syphilis.—It is announced in a late number of *L'Union Médicale*, that a M. Debrosse professes to have discovered a method of preservation against attacks of syphilis. The inventor states "that any part plunged for five minutes in the prophylactic liquid may be exposed with impunity to the contact of mucous membrane impregnated with the virus of syphilis." A mercantile house has made a proposition to the Government of Spain on the subject; and it has been so far seriously entertained that the Government has referred the question to the decision of the Academy of Medicine and Surgery of New Castle. While the discussion was proceeding, (with closed doors,) a Dr. Lafond, of Bayonne, accompanied by a member of the commercial house in question, appeared before the Academy, and read a memoir on the success which had attended the use of Debrosse's liquid, stating that it was an astringent preparation. A committee was therefore appointed to inquire into the matter, and according to the latest intelligence, the members of this committee were busily engaged in carrying out their investigations on this curious subject.—*Ibid, from L'Union Médicale.*

Alleged Rape perpetrated on a Female while under the influence of Ether.—That which had been suspected as a probable result, on the introduction of a new narcotizing agent, has, according to the *Gazette Médicale*, actually occurred in Paris. Last week a female went to a dentist to have a tooth extracted. He advised that it should be stopped; and, to avoid the pain of the operation, recommended his patient to inhale the vapour of ether. What passed while the female was under the influence of the vapour may be inferred from the following facts:—The young female was observed to leave the dentist's house about three hours after she had entered it, in a very disordered state. This attracted the attention of her employer, who could not account for her long absence. The injured party, notwithstanding the stupefying effects of the ether, retained some recollection of what had passed, and, from some words which fell from her, suspicion was immediately excited. She was examined by a physician, who reported that her person had been violated. The dentist has been arrested, and is about to be prosecuted for the offence.—*Ibid, from Gaz. Méd.*

A new cure for Nervous Affections.—M. Pallas considers that the cause of a great number of "nervous affections" is to be found in the excessive influence of atmospheric or terrestrial electricity. He states that, by adapting to bedsteads glass feet, and isolating them at about eighteen inches from the wall of the apartment, he has cured the patients sleeping upon them of a host of nervous affections.

The impression produced on the mind has probably as powerful an influence in the cure as the insulation on glass.—*Ibid.*

Statistics of Suicides in Paris.—By a criminal report, for the year 1845, just published, out of 11,049 deaths, there were 3084 cases of

suicide,—being 111 above above the number for 1844, and only 64 above that of 1843. Of the 3084 suicides, there were 2332 males and 725 females. Sixteen males and four females had not reached their sixteenth year. Among the number were children of 7, 8, and 10 years. There were—

From 16 to 21 years - - - -	123
From 21 to 30 " - - - -	362
From 30 to 50 " - - - -	1201
From 50 to 70 " - - - -	945
From 70 to 80 " - - - -	203
More than 80 " - - - -	41

Taking the months of the year, there were of suicides in

Summer.—June July, and August -	922
Spring.—March, April, and May -	861
Autumn.—Sept., Oct., and Nov. -	756
Winter.—Dec., Jan., and February -	545

According to the means of perpetration, there were—

By hanging - - - - -	1110
" drowning - - - - -	995
" fire-arms - - - - -	432
" suffocation by charcoal vapour -	213

The last mode of self-destruction is exceedingly prevalent in the department of the Seine.

The motives were those usually met with—love, jealousy, debauchery, reverse of fortune, domestic misery, and physical suffering. —*Ibid, from Ibid.*

Action of Ether injected into the Arteries.—According to the experiments of M. Flourens, it would appear that ether, when injected into the blood-vessels, has an inverse effect to that observed after the inhalation of the fluid. When inhaled, ether suspends sensation before it interferes with the power of motion ; but, when injected into the arteries, M. Flourens found that it destroyed the power of motion previously to exerting any influence on sensation : indeed, sensation remains unaffected, unless the quantity of ether employed is very large.—*Ibid, from Gaz. des Hópitaux.*

ACADEMY OF SCIENCES.

Composition of the Blood in Scurvy.—M. Marshal de Calvi, in an essay upon this subject, acknowledged the truth of Professor Andral's observation, that the quantity of fibrin might not be diminished in the blood of scorbutic patients, but accounted for the fact by the inflammatory condition generated in the circulating fluid by the efforts necessary for the resorption of extravasated blood. The singular coincidents of the diminution of albumen and of globulin, with the absence of dropsical effusion or of murmurs in the heart and arteries, M. Marshall explained by the difference which muse exist between diminution of the power of creating albumen in the blood, and genuine decrease or destruction of the component principle.

Treatment of Cancer.—M. Rivaillé read a paper on the use of caustics for the treatment of cancer. In a general manner Dr. Rivaillé stated that caustics were preferable to the removal of these tumours with the knife. Concentrated nitric acid had yielded him in his practice most advantageous results. Poured over a pledget of lint, it constituted with the latter a semi-solid cake, which moulded itself to the shape of subjacent parts, and effectually prevented hemorrhage. It was particularly in fungous tumours disposed to this accident that M. Rivaillé had found nitric acid useful as a local application. M. Rivaillé also in many instances employed alum for the purpose of arresting the progress of hospital gangrene.

Spontaneous Dislocation of the Knee.—M. Palasciano forwarded a communication, in which he endeavoured to establish—first, that the muscle known as "tensor vaginæ femoris" did not deserve that name, but, being inserted by long tendinous fibres to the external condyle of the tibia, its use was to rotate the leg outwards, and to abduct the knee when it is bent. Starting from these anatomical data, M. Palasciano observed that the spontaneous dislocation of the knee was a complicated affection, constituted by the flexion, rotation, and abduction of the knee; displacement of the tibia backwards, of the patella outwards, and often with more or less complete ankylosis. In order to cure this disease, which had hitherto been erroneously considered as irremediable, M. Palasciano proposed the section of the flexor tendons, of that of the rotator externus (tensor v. f.,) of the rectus femoris, and vastus externus, also the division of the external lateral ligaments of the joint: preliminary operations which would permit the rupture of the ankylosis and the surgical reduction of the limb to its natural direction.—*Medical Times.*

Diarrhœa of Children.—The diarrhœa which accompanies or follows the period of weaning is often fatal; it is not only observable in children who are suddenly deprived of the breast, but also in those who are nursed for too long a period. Dr. Weisse, physician to the Children's Hospital in St. Petersburg, advises the exhibition of raw meat in such cases, and asserts that he has from this practice often derived the most signal advantages. The meat should be hashed, or reduced into a pulp, and two table-spoonfuls may be at first given in four meals.—*Med. Times, from Annales de la Société Med. Chir. de Bruges.*

Burnett's Disinfecting Fluid.—The chloride of zinc in solution, it appears from a parliamentary document which has just been issued, has been employed extensively as a disinfectant in dissecting-rooms, the wards of hospitals, and in the royal navy, and, according to the reports which we have seen, has been eminently successful in effecting the objects for which it is designed. The medical officers at Haslar Hospital state that it has been used in that hospital in the close stools of patients affected with dysentery, in the water-closets

and cesspools, and also in the wards, when the air was tainted by purulent expectoration or discharge from sores, with the effect of immediately removing the disagreeable odours. It has also been used in surgery with good effect, in removing the smell of putrefying animal substances, and the odour of dead bodies under inspection: when employed as a dressing to ulcers, it removes the disagreeable smell of purulent matter, and, in the proportion of one part of the clear solution to eighteen of water, it preserves subjects of natural history from putrefaction, and in a fit state of anatomical inspection, after more than a year has elapsed. A similar testimony in favour of the solution of the chloride, is borne by the assistant surgeon of the Marine Hospital at Woolwich, who adds, "the great advantage which the chloride of zinc possesses over other agents employed for a like purpose, is, that it removes the disagreeable effluvium, without leaving one little less offensive in its room, and may therefore be made use of wherever this effect is required—in private as well as public buildings, in the sick bed chamber no less than in the crowded ward. The method adopted at this hospital is to supply each of the wards with a bottle of the diluted solution, which the nurses have directions to use whenever occasion may require, besides sprinkling it over the floors before the morning and evening visits are made.

Its utility in the dissecting-room is confirmed by the statements made by Mr. Bowman, Dr. Sharpey, Mr. Partridge, Dr. Murray, and Dr. V. Pettigrew, who concur in asserting, that in a proper degree of dilution its success is complete, and that it appears to preserve the colour and texture of the parts very admirably. It has, further, the very important advantage of not acting on the steel instruments employed, being in this respect equal to alcohol. Dr. Methven especially mentions an instance in which the solution corrected advancing putrescence, and enabled him to dissect during July. He believes, further, it will be the means of saving many valuable lives, which are annually lost by wounds received in the course of dissection, as, while dissecting this putrid body, he cut himself several times, and once received a punctured wound, without any bad consequences arising. Mr. M'Bain, of the "Mastiff," adds his testimony "to the rapid and perfect effects of the chloride of zinc solution upon animal matter in a state of putrefaction. Having frequently opportunities of dissecting or examining large fish, &c., cast on shore, whilst undergoing decomposition, the task has been occasionally any thing but agreeable, for want of a convenient power to destroy the putrefactive process. The chloride in these cases acts like magic; and as a great practical agent over one of the most import conditions of animal and vegetable matter—viz: putrefaction, it stands unrivalled." Its influence on board ship, in annihilating the offensive smell of bilge-water, and in sweetening between decks, is shown by the united evidence of captains, surgeons, and masters in the royal navy. Among other vessels, it was used on board the "Victoria and Albert" royal yacht, to remove a more than ordinary stench of bilge-water, and other offensive odours, with the most complete success. The surgeon

states that she has remained comparatively sweet ever since, and when a bilge-water smell is occasionally perceptible, a slight application of the fluid removes it. The solution has also been used for very disgusting privies, &c., effluvia from which, it quickly neutralizes.

Mr. Henderson, the surgeon to the dock-yard at Portsmouth, has employed the fluid in a severe case of open cancer, the fœtor from which was intolerable to the patient and attendants: this it destroyed so long as the dressings were kept moist therewith. Professor Quain has used it, he says, in the treatment of sloughing tumours with beneficial result, and he has no doubt it will supplant the chloride of lime and soda altogether in the removal of fœtid odour. Mr. Gibson, surgeon of the "Eurydice," employed it in a case of angry ulcer, in the proportion of one part to four of water. An eschar was the result, the separation of which left the ulcer in a healthy condition.

Several naval and other medical men have employed it as a disinfectant in hospitals, and on board ship, the general results being a marked diminution in the rate of mortality. Dr. Lindsay, Dr. Cronin, and Dr. Connor, of Cork, all bear testimony to its beneficial effects. Mr. Verling, surgeon of the "Vengeance," thus speaks:—

"Having used the chloride of zinc rather extensively on board Her Majesty's ship 'Vengeance,' whilst employed in the conveyance of troops, I think proper to report to you the result thereof. We carried the first battalion of the forty-second regiment, consisting of about 700 men, women, and children, from Malta to Bermuda. Measles had prevailed epidemically in the regiment previously to their embarkation, but we received none on board labouring under the disease; yet after being ten days at sea, several cases occurred simultaneously among the soldiers, and on the 1st of April, having been then a month at sea, the disease appeared among our own people, ten cases occurring on that day, and from that day to the fifteenth of the month, when we arrived at Bermuda, fresh cases were almost of daily occurrence, either among our own people or the troops. On getting rid of the troops, which we did at Bermuda, my attention was of course specially directed to every means whereby the contagion could be destroyed. Cleanliness and ventilation were duly attended to, and every part of the ship where the sick had been, after being cleaned and aired, was sponged well over with the solution of chloride of zinc several times. Than the result, nothing could be better; the disease totally ceased, no fresh case occurring after. On our passage from Halifax, with the sixtieth regiment on board, the weather was so bad, and the ship working so much, that it was quite impossible to open any of the lower-deck ports, on which deck the whole of the people lived, troops as well as our own people, for eight days; the air throughout the deck was exceedingly vitiated with every mixture of noxious smell, but the free use of the chloride of zinc tended, in a most surprising manner, to do away with the bad smell; so much so, that the surgeon of the regiment came to me to get some to use in the part of the ship where the ladies of the officers were.

The effect of the chloride of zinc is most obvious in correcting all bad and offensive effluvia; and from the sudden and surprising manner in which the measles disappeared after its use, it is not, I think, too much to say, that it must have been very instrumental in decomposing the miasma, or state of atmosphere in the ship, which tended to the generation of the disease."

From all these statements, then, it is clear that the solution of the chloride of zinc is a powerful agent in neutralizing noxious gases, and in arresting the progress of decomposition. Sir W. Burnett has therefore rendered, by its discovery, a great benefit to suffering humanity. On board ship, its influence in removing the offensive odours from bilge-water can hardly be too highly estimated, while its action in sweetening the wards of hospitals, and destroying noxious and infectious effluvia, seems to be equally evident.—*London Lancet.*

MEDICAL SOCIETY OF LONDON.

Dr. Marshall Hall read a paper on the *Convulsive Affections of Infants and Children.*

The author began by alluding to the dangers attendant on infantile convulsions, to its consequences to mind, limb, and life, and to the possibility of idiocy, or liability to epilepsy, being its result. He then made reference to the causes, forms, and effects of such convulsions, and the mode by which they are induced; and then proceeded more particularly to consider them. He dwelt especially on—

1. *The terms employed* to designate certain forms and symptoms of them; and on one especially, laryngismus stridulus, which the author contended was no more a disease than cough was a disease, or "any other symptom of disease was a distinct disease." He said, that laryngismus was not always stridulous, but depended on the same causes, whether it was or was not so; the most dangerous forms of it were those which were noiseless. He would associate this symptom, which was certainly one of great peculiarity and danger often, with contraction of the hand, which he would call chirismus, and with that of the foot, which he would style podismus; the term sphincterismus, too, might be applied to spasm of the sphincter ani, or neck of the bladder. "Let the termination in *ismus* be used only to designate a symptom, and that of a purely nervous or convulsive character."

2. *The predisposition* to convulsive affections, and laryngismus more especially, was very marked. The latter had been known to affect a whole family. The cause of such predisposition is obscure: was it hereditary? was it the effect of locality, or emanations from the soil?

3. *The causes.*—No irritation of the cerebrum or cerebellum could *immediately* produce muscular spasm, as experiment had shown again and again. But irritation of the membranes of the brain might excite it, as appeared from an experiment which he had performed, and recently detailed. Irritation of the medulla oblongata, or medulla

spinalis, produced the most frightful spasms. The incident nerves, when affected at their origin in the cutaneous, mucous, or other tissues, were the most frequent source of the attacks. The condition of the gums in teething, gastric or intestinal disorder; matters retained in the lower part of the alimentary canal; the atmosphere itself, especially when north, east, or north-east winds prevailed; perhaps certain vapours;—these were all insisted on as being intimately connected with the production of convulsion, or that form of it called laryngismus. Strabismus, or the spasmodic condition of the hand or foot, might arise from teething, &c.; but the larynx was very apt to be affected by the north or east winds, or other conditions of the atmosphere. He also associated laryngismus stridulus with undue excitability of the spinal centre: when it seemed got rid of, it was very apt to recur. Hence the precaution of persevering with remedies longer than would otherwise be necessary.

4. *The influence of sleep.*—He alluded to the frequent occurrence of convulsions at this period, chiefly epilepsy. There was congestion of the nervous centres then; probably unusual excitability of them. Altogether, it produced a state favourable to convulsive seizures.

5. *Cerebral diseases.*—On this the author forcibly insisted. He referred to the consequences of inflammation, tubercular granulation or tumour, and effusion at the base of the brain; and also to the congestion of pertussis.

6. *Excited reflex actions.*—By far the greater number of convulsions were of a reflex nature. Laryngismus was most effectually avoided by removing every exciting cause of reflex action. He would chiefly guard against four causes of such action: first, irritation of the trifacial nerve, which took place in teething; second, that of the pneumogastric nerve; third, irritation of the spinal nerves; and fourth, the effects of the atmosphere upon the larynx, under certain circumstances. The organs affected in a convulsive seizure were precisely those which its pathology would lead us to expect—the larynx, the sphincters, &c. The author then called the attention of the society to certain bronchitic, hepatic, and renal symptoms, and to the condition of the urine,—points which needed further investigation. He then dwelt on the effect of—

7. *Emotion, passion*, and showed how great and important was the part which they played in the affections he was treating of. He enforced the necessity of bearing them in mind fully in certain cases; he showed that they often constituted the real and only objection to the use of the gum-lancet, which consequently should always be cautiously employed.

8. The effects of augmented excitability were insisted on. States of the nervous system, induced by mild electricity, were compared with those occasioned by disease. The results of increase of excitability were entered into—irritants then acted, which at other times would be inert. A change in the direction of the wind, even, was not without bad consequences. Strychnia induced a species of laryngismus. Emotion, hysteria, epilepsy, tetanus, hydrophobia, all affected the larynx in a special manner.

The author next described those affections of the cerebrum which were consequent on convulsions,—the congestion, the effusion, the occasional paralysis, the risk of idiocy, &c. He then passed on to the question of sudden dissolution, demonstrating how difficult it was to forsee it often, and stating how frequently it happened when the patient appeared in progress to recovery. It was the result of common asphyxia, but not rarely of what he had called secondary asphyxia, which he believed was closely dependent on the blood of the coronary arteries being unduly arterialized. The remedies of asphyxia should be enforced promptly in such cases of sudden death.

Some observations were then made on the diagnosis of convulsions, in which the transient, or permanent, or complicated character of symptoms, as the case might be, were all pointed out as modes of assistance in conducting the inquiry. The author drew attention to the post mortem appearances, which varied as the disease was centric or eccentric, or according to the mode of death. There might be the results of inflammation within the cranium, or nothing found whatever but the appearances proper to asphyxia. Lastly, he made some practical observations upon prevention and treatment; as to the latter insisting on an accurate diagnosis as an indispensable preliminary, on a due attention to the complications of the affection, on the necessity of bearing in mind all the varied forms of irritation, and applying the appropriate remedies without delay, on having regard to the state of the patient during the time of sleep, on protecting it from cold air, &c. And if he had shown the application of the physiology of the nervous system to its pathology, he had gained the object which he had in view in bringing the subject before the society.

Mr. Hird considered that the profession were much indebted to Dr. Hall for his researches on the subject of infantile convulsions, and for his explanation in respect to those cases in which the brain was involved in the cause, and where it was not. He agreed generally in the views of the author, but should be afraid to lance the gums so freely and so often as Dr. Hall had recommended in some of his published papers. In the other plans of treatment recommended he fully concurred.

Mr. Barlow agreed fully with Dr. M. Hall as to the ill consequences of cold in laryngismus stridulus. In some cases, a keen wind was certain to bring on the paroxysm. In a case related by Dr. Hugh Ley, the first attack was produced by the application of cold to the head. He thought no one could contradict the correctness of the view which had been taken of the causes of the disease. He believed by far the larger number of cases were eccentric in their origin, and that depleting measures should never be used without much caution. Irritation of the trunk of the nervus vagus produced reflex action, contrarily to what happened in the nerves proceeding to the limbs: and he thought that in disease, spasm of the glottis, either with or without crowing, might occasionally be brought on by affections of the trunk of this nerve, giving rise either to direct or reflex closure of the glottis. In a case where Sir Astley Cooper tied the

carotid artery, inflammation and suppuration extended upwards in the course of the nervus vagus, and there was a cough, like that of hooping-cough. Sir Henry Marsh, in his instructive paper on spasm of the glottis, had suggested irritation of the origin of the pneumogastric as a cause of the affection; but the state of parts far remote from the nervous centres was mostly at fault. He had never been able to associate enlargement of the bronchial or cervical glands with the disease by way of cause and effect, as Dr. Hugh Ley had done in a work which would ever be consulted for its abundant information in regard to the malady. In two cases he (Mr. Barlow) had found it connected with hydrocephalus; in another, which he had examined after death, with bronchitis; in a fourth, which was fatal, he thought that the last paroxysm had depended on over feeding. In the country—he meant the country properly speaking—the disease was acknowledged to be rare; and even in the crowded districts of towns he thought it rarer than was supposed. Out of 6879 patients who had been admitted at the Children's Infirmary, since January, 1st, 1846, there were only seven cases reported of this disease. In three cases he had observed the paroxysm produced by the act of drinking—a fact of interest, viewed as an addition to those phenomena which connected laryngismus with the convulsive actions, of which it was certainly one. He would ask Dr. Hall if he had observed this fact.

Dr. Theophilus Thompson remarked, that in the majority of obstinate cases of laryngismus stridulus, hydrocephalus was either present, or threatened to develope itself. Sometimes convulsions were the result of simple irritation; in other instances they originated in inflammation.

Dr. Clutterbuck thought that the brain was always involved in cases of convulsions, and that it suffered at these times from inflammation. The brain was a complicated organ, and various parts of it performed various functions. He agreed in the treatment recommended by the author.

Dr. Reid did not find that dampness of the atmosphere was a cause of laryngismus; on the contrary, the affection was rare in damp localities. He had some doubts respecting the prejudicial influence of a north-east wind in these cases, and mentioned two instances in which it had no such bad effects. He had never seen a case during the time the infant was suckling.—*Dublin Medical Press.*

Tubercular Tumour of the Vertebræ opening into the Œsophagus.—A female, aged 29, entered the hospital of Bassano for an obscure affection, accompanied by extreme marasmus, which had supervened upon her last confinement. She had very great difficulty of swallowing, repeated vomiting, difficulty of breathing, and great general debility. She died completely exhausted by hectic fever. On examination after death both pleuræ were found adherent, and behind them, directly over the vertebral column, a tumour was discovered, about the size of a walnut, and springing from the fifth dorsal verte-

bræ. A second tumour, of larger size, was also seen to include the bodies of the fourth, fifth, and sixth vertebræ, the osseous structure of which was converted into a soft caseous matter. On opening the œsophagus, that canal was found to be narrowed, and firmly adherent to the most prominent part of the last-mentioned tumour, a portion of the contents of which had escaped through an irregular ulceration of bad aspect.—*Prov. Med. and Surg. Journal, from Giornale dei Progressi.*

Abscess of the Liver treated by Puncture.—The following cases reported in the *Medical Times* by Dr. Clay, is sufficiently rare in this country to deserve further publicity :—

The patient complained of fixed pain in the right superior portion of the umbilical region, for which he was treated antiphlogistically without relief. His bowels were constipated; countenance yellow; spirits depressed; anorexia; pulse 90; evident enlargement of the liver, with paucity of bile. He took ox-gall, dr. ij.; calomel, gr. x., divided into twenty-two pills, of which, one three times a day was the dose. Under this plan he quickly improved, and remained well until after bathing, when the fixed pain returned. Being at this time in a different locality, he was again treated by bleeding, &c., and as before without benefit. He then took the ox gall and calomel, and a second time became greatly relieved. Dr. Clay lost sight of him from this time, but it appears that while in Dublin he suffered a severe relapse, with pain in the old spot, which had become more tense and permanent. At this spot Dr. Clay passed a grooved needle, and as it gave issue to a drop of pus, he tapped it freely with a trocar, and drew off four pounds of fœtid pus. At each dressing for several days a pound of pus escaped, but after that time the discharge gradually diminished, and at the end of three months the man was completely recovered. Dr. Clay calculated that in all, at least sixteen pints of matter must have been discharged. The treatment after the evacuation of the abscess was tonic and alterative, the functions of the liver being restored by the ox gall and calomel.—*Monthly Journal.*

Sulphate of Quinine in Aneurism of the Aorta, and in other internal Anuerisms.—It appears that sulphate of quinine has been employed with much success in some Italian hospitals for the relief of aneurism of the aorta and other internal aneurisms. It belongs, in this use of it, to what are termed hyposthenics, (subduing action,) and is to be carried as far as the system will bear it. It has, says its Italian supporters, the immense advantage of bringing down the pulse without disturbing its rhythm, of making the buffy coat of the blood disappear, that is, of dissipating the organic condition,—namely, arteritis, on which it depends, and thus of retarding the progress of the aneurismal tumour. The other hyposthenics adapted to the same end according to the same authorities, as by alternation with the sulphate

of quinine, are the vegetable and mineral acids, the sulphate of iron, the ergot of rye, the cold ferruginous waters, the arsenious acid, the acetate of lead, and the iodide of potassium.—*Ibid.*

Homœopathy.—The following case of administering powerful drugs in large doses under the guise of homœopathy, is noticed in the *Medical Gazette* as having recently occurred in London:—

"A lady who had been attended by a highly respectable general practitioner, recently consulted a homœopathic physician, who has acquired some celebrity in the fashionable quarter of the metropolis, for his skill in treating and *curing* diseases by infinite small doses. She received from him four small white powders, with explicit directions, (now lying before us,) one to be taken every other night,—each powder being numbered, and the night on which it was to be taken, as well as the mode of taking it, being particularly specified,—"all dry on the tongue." No. 1 was swallowed according to order, and the patient was soon afterwards seized with great sleepiness, stupor, and other alarming symptoms indicative of the action of a powerful narcotic. These effects were followed by diarrhœa. The patient was alarmed, and instead of looking upon the result as an indication of the beneficial working of homœopathic powders, or as a means of curing her of any latent scepticism respecting the efficacy of infinite small doses, she was prudent enough to return to her old medical friend, to whom she handed the remaining powders, with the directions. This gentleman, suspecting that they contained some active narcotic, caused them to be submitted to a chemical analysis. We have now the report of this analysis before us, and of it we shall make the following abridgment. The powders were numbered 2, 3, and 4. They were *similar in appearance*, except that No. 3 was somewhat whiter than the other two: there was nothing to indicate that they were of different composition; and as they were to be taken in the same way on alternate nights, this could not possibly be suspected.

"Although there was no great dissimilarity in bulk, the powders were very unequal in weight. No. 2 weighed 3.4 grains; No. 3, 1.5 grains; No. 4, 2 grains. No. 2 was found, upon analysis, to consist entirely of calomel and *morphia*, the morphia forming not less than *one grain*. No. 3 contained no morphia or calomel, nor any mineral or other substance, but merely *sugar of milk*. No. 4 was composed of calomel and morphia, the morphia amounting to one half grain."—*Prov. Med. and Surg. Journal.*

Instrument for exhibiting the motions of the Chest during Respiration.—Mr. Sibson, of Nottingham, exhibited at a meeting of the Provincial Medical Association a newly-invented instrument, for the purpose of ascertaining the comparative movements of the chest in respiration. The instrument, which was of simple construction, consisted

of a dial-plate, on which were indicated degrees of the one-hundreth part of an inch, attached to which was a rack and pinion ; as the rack rose, by the expansion of the chest, the pinion, which ran through, communicated with the indicator, which showed upon the dial-plate the number of degrees the chest rose, and the rack was returned by means of a spring. If the instrument was held steadily on the chest, it would show the precise amount of its expansion. Where he had the privilege, as he had at the hospital to which he was attached, he preferred his patients should be in bed to test the chest, though it could be done without, as the instrument would show the workings of the chest when a person was either sitting or standing. If he had any of the gentlemen he was then addressing with him at the bedside of a patient, they would delight in the accuracy of the working of the instrument. He was first assisted in the design of it by an operative, who was a patient in the hospital at Nottingham ; but the perfect instrument which he was then shewing them, was made by Mr. Simmonds, an eminent watchmaker of London, to whom great credit was due for the accuracy of its construction. With regard to the movements of the chest in health and disease, he would remark, that out of ten patients who supposed themselves to be suffering from disease in the chest, in nine of them perhaps it was nothing of the sort, and with the assistance of that little instrument, or the spirometer of Dr. Hutchinson, which had been exhibited to them by Dr. Shearman, they could send their patients home with the pleasing fact upon their minds that they were healthy men. Mr. Sibson then went on to show that, by the instrument before the meeting, he could more accurately trace the seat of the disease in the chest, and ascertain whether the disease was seated in the upper or lower lobe of the lungs, or any part of them, as the instrument indicated the contraction and expansion caused by expiration and inspiration, and would also show the movement of the abdomen. In healthy subjects the times of inspiration and expiration were generally the same, though in many subjects there would be a pause at the conclusion of inspiration. Mr. Sibson then exemplified the working of the instrument, the accuracy of which was fully acknowleged, on his own chest, and explained that a difference of three degrees in the movement of one side of the chest as compared with the other, when indicated by the instrument, was sufficient to cause attention to be turned towards it, though it did not necessarily follow that where there was such difference, the lungs might be diseased, as abscess of the ribs, or any disease or injury of them, might cause one side of the chest to move less liberally than the other ; so that they must not always conclude that the lungs were affected when they discovered this difference, as in one instance he knew, it had been caused by a diseased shoulder. He compared the instrument to a pigmy spirometer, capable of being carried in the pocket of a medical man, who, when he had to travel upon horseback, could not carry with him the valuable instrument of Mr. Hutchinson.

An improved tube, used in laryngotomy, was also exhibited by Mr. Sibson ; and a simple and novel construction to supersede artificial in-

spiration by means of bellows, in cases of drowning, &c. The latter consisted of a piece of flat flexible metal, with a handle at the back, and covered on the face of it with a newly-discovered adhesive composition; this being placed on the chest and gently drawn upwards. and compressed downwards, so as to carry the walls of the chest with it, would, he thought, supersede the use of the bellows in many cases. At the same time he must deprecate the pressure upon the bowels used in cases of drowning or poisoning sometimes, as he had frequently found from *post-mortem* examination such pressure was highly injurious.—*Prov. Med. and Sur. Jour.*

Mercurial Treatment in Typhoid Fever. By M. Serres.—M. Serres begins by stating that, in his opinion, typhoid fever consists in an exanthematous affection of the intestines. The febrile excitement, the diarrhœa, abdominal symptoms, and cerebral manifestations are entirely governed in their progress and intensity by the intestinal eruption. In this respect M. Serres thinks that typhoid fever can be most properly compared with small pox, in which Sydenham has shown that the violence of the malady is always proportioned to the confluence or mildness of the cutaneous eruption. The professor, therefore, concludes that, by keeping the intestinal diseases under control in typhoid fever, the general reaction, its consequence, will be thereby prevented from attaining any dangerous height; and no medicine seems to M. Serres so well calculated to produce this result as mercury. Every second day M. Serres prescribes the following pills:—℞. Hydrarg. sulphureti cum sulphure. gr, xviij.; tragacanthæ, gr. x.; syrup q. s. fiat massa in pilul. iv. dividenda. Every morning inunctions with oz. ij. of mercurial ointment are made upon the abdomen. The treatment is suspended when incipient stomatitis is noticed. Under the influence of mercury, diarrhœa is gradually arrested, the tympanitis reduced or prevented, and, although the average duration of the malady is not diminished, still its violence is much abated.—*London Medical Times.*

Use of the Salivary Secretion. By M. Bernard.—The recent researches of Mialhe and others tended to show that saliva contains a ferment capable of changing starch into sugar. The experiments upon which was founded this opinion consisted in chemical researches on the fluid escaping, during a given time, from the mouths of animals. M. Bernard derives from a new series of experiments a contrary opinion. Instead of merely collecting the buccal secretions, he took the saliva from the glands themselves, and states that in this unmixed and pure condition that fluid is incapable of causing saccharine fermentation in starch. Pursuing his experiments, M. Bernard separated from the mouth of a dead horse several shreds of the mucous membrane, and found that after prolonged desiccation, they still retained the power of transforming starch into sugar. It is, therefore, the mucous membrane, and not the saliva itself, which causes this change in amylaceous substances. The function of saliva

is then simply, according to M. Bernard, to moisten the alimentary bolus, and to connect its various parts into a homogeneous paste. *Ibid.*

On the entrance of Coal and other Insoluble Substances from the Intestinal Canal into the Blood. By Professor OESTERLEN, in Dorpat. Charcoal rubbed down into a fine powder, and mixed with water, was given to several animals, chiefly rabits, for from three to six days. They all swallowed about one ounce. With the exception of blackened fœcal discharges, nothing anormal was observ ed during life, and when killed, the only unusual appearance discovered was the black colour of the intestinal mucous membrane. In all the animals, however, blood taken from the mesenteric vein, the portal vein, as well as the clots found in the right cavities of the heart, in the liver, spleen, and lungs, exhibited on a microscopic examination, minute pieces of charcoal. The size of these varied from 1.300th to 1.60th, and in some instances to 1.42nd of a line. They were less numerous in the kidney and blood of the vena cava. The urine and bile contained none. Other animals fed on Berlin blue, gave exactly the same result. Thus there can be no doubt that solid and insoluble substances, after being received into the stomach may enter the mesenteric veins, and through them the general circulation.—*Zeitschrift fur Rationelle Medizin, from Dub. Med. Press.*

Internal Strangulation of an Intestine.—The following case recorded by Dr. Biaggini of Pestoic, possesses many points of interest, but chiefly from the cause to which it is attributed:—A boy, aged 15, was witnessing some public ceremony in the midst of a great concourse of people; he felt a desire to go to stool, but was constrained to resist from the difficulty of getting out of the crowd, or of finding a convenient place to ease himself. After enduring this for some ime, he felt as if he was exposed to a sharp cold wind, which he attributed to his being thinly clad: in this state he remained for five hours, and at last got an opportunity of retiring; but on trying at stool, he found to his surprise he was totally unable to pass anything from his bowels. He was taken into a house, where glysters were thrown up, and the abdomen was fomented. For two days he remained without any alleviation, although the enemata brought away a trifling quantity of soft fæces. The belly now became swollen and tympanic,—there was constant vomiting, and a smart fever set in; in short the patient presented all the symptoms of internal strangulation of the bowels. The whole belly was sonorous on percussion above the umbilicus, but gave a dull sound below this point. Notwithstanding a variety of treatment, the distress continued until the twelfth day, when he expired.

Dissection.—The peritoneum on both its visceral and parietal surfaces showed traces of very high inflammation, and there was a quantity of curdy serum in its cavity; the intestines adhered here and there by soft and recent lymph. These adhesions were carefully broken

down, and it was seen that the distension of the bowel, which existed in the upper part of the canal, ceased abruptly at the lower extremity of the ileum; at this point there was a firm tumour formed by a twisting of a knuckle of gut covered throughout by recent bands. Below this tumour the large intestine was so contracted as not to be thicker than a ribon, or even a cat's bowel. In detaching the bands with care, that surrounded the tumour, it was found to be formed in the following manner—the mensetery was pierced by an aperture above the cœcum; it was in this hole that the knuckle of intestine was held and strangulated, and through which a portion, about a palm in length, had passed; it was twisted upon itself and was firmly fixed in its situation by the bands above mentioned. The mucous membrane of the intestine was injected, except where it was constricted by the part in which it was held.—*Ibid, from Arch. Gen.*

Etherization in Midwifery Practice.—In the *Gazette Médicale de Strasbourg*, there is a case given by M. Stoltz, where *turning* was deemed expedient, and before anything to that effect was done, the patient was put under the influence of the vapour of ether until insensibility to external impressions was produced. The case presenting nothing peculiar in itself, it will suffice to say that the ether neither diminished the resistance of the uterus to the introduction of the hand, nor facilitated the version or extraction of the fœtus. No accident followed to the mother from its employment however. The child had been dead on her admission into hospital.—*Ibid.*

Case of Strangulated Femoral Hernia successfully treated by Opium. By Charles Mayo, Esq., F. R. C. S., &c. Mrs. D., aged about 67, became subject to femoral hernia on the right side about four years ago, at which time it was strangulated, and after some trouble I succeeded in reducing it by the taxis. Since that time she had worn a truss, and was careful to keep it reduced. The truss had now become broken and nearly useless. After some unusual exertion on the morning of the 24th of April, she felt a large portion of bowel suddenly to protrude, she became sick, took opening pills, and laid up. On the 25th she sent to me; I found the swelling as large as an egg, painful, and tender, from her having used much exertion in endeavouring to reduce it, or push it back, as she said. She was constantly sick. I gave her a cathartic enema, and used the taxis without effect. I then left her six pills with a grain of opium in each, desiring her to take one every hour till I saw her again, beginning at 4 P. M. At nine o'clock I found that she had taken four of the pills. that the vomiting had ceased after the first, and that she was quite easy; cold cloths were kept applied to the swelling, which remained immoveable. As she was so easy, I advised the two remaining pills to be taken at intervals of four hours, another glyster to be thrown up in the course of the night, and a cathartic draught to be given at six in the morning.

April 26th. I received a message this morning that Mrs. D. was

completely relieved, and on my calling about twelve, I found that the fifth pill was taken at midnight, and the sixth at four in the morning; after this she felt completely relaxed all over, her bowels rumbled about, and the swelling seemed to be enlarged and distended with wind, but soon after on feeling it with her hand, it had become softer, and presently went entirely up under very slight pressure. She took the draught at six, it had operated satisfactorily, and she was delighted to sleep all the day after. I was not less pleased to have the necessity for an operation to be superseded, which I had the day before considered as nearly inevitable. Dr. Butler Lane has so well set forth the *modus operandi* of this remedy that I have nothing more to add, than that if you consider this communication to be of any use as an encouragement to others to make such trials, it is quite at your service.—*Prov. Med. Jour.*

Case of Ileus.—A portion of Intestine Discharged by Stool. By Dr. Nagel of Lemberg.—K. J. a domestic, aged 21, robust, always enjoying good health, except frequent attacks of colic within the last few years, was attacked in the night, 12th—13th February, 1843, with violent pains in the lower part of the abdomen, accompanied with shivering, frequent vomiting, and purging. On admission into the hospital on the morning of the 13th, he was in the following state:—Head hot and painful; tongue foul; thirst; abdomen swollen and tender to the touch; skin dry: pulse full, hard, and frequent; vomiting, with watery stools tinged with blood. (Antiphlogistic treatment.)

The symptoms continued much the same till the 16th, when they diminished in intensity, and the stools were no longer tinged with blood. On the 19th there was violent tenesmus, accompanied on the 23d with prolapsus of a portion of intestine, which, however, was easily reduced without causing pain.

On the 26th, the patient free from fever, and altogether in a satisfactory state, passed by stool a portion of intestine twenty inches long, and at some points two inches broad; it consisted of a portion of the ileum, the cœcum, appendix vermiformis, the whole of the ascending colon, and a portion of the transverse. The mucous membrane was everted, of a brownish colour striated with black, especially the cœcum; it was soft and easily removed. The peritoneal coat was likewise of a brown colour, and corroded, leaving bare the muscular coat, which was also destroyed at some points. For some days after there was slight pain at the lower part of the abdomen; but on the 23d March, the patient left the hospital perfectly cured.—*Dub. Med. Press,, from Oesterreichische Med. Wochen and Med. Gaz.*